

RADIONICS

The NEW AGE Science of Healing

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Part I

THE HISTORY AND DEVELOPMENT OF RADIONICS

The Doctors, The Equipment

Techniques of Diagnosis

Colored Light and Disease

Amplification For Treatment

Part II

RADIONICS INSTRUMENTS AND HOW TO MAKE THEM

A Modified Drown Circuit

Diagnostic Instrument Diagram

ATLAS of Diagnostic and Treatment Rates

Part III

INTERVIEWS WITH A RADIONICS EXPERT

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RADIONICS, THE NEW AGE SCIENCE OF HEALING

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PART I

THE HISTORY AND DEVELOPMENT OF RADIONICS

By The Radionist

To start with a definition -- Radionics is an art by which diagnostic data is obtained through use of equipment which enables a trained operator to detect and measure differential radiations by the different organs and tissues of the body.

Other uses of the equipment include detecting, ascertaining the location in the body, and measuring the amplitude of various types of pathology and adverse conditions of tissue, and similarly to detect, locate and measure any foreign micro-organisms, parasites, and other irritant factors that contribute to disease. Also the use of the equipment for resonance tests by which the effect of any proposed remedy such as a vitamin, mineral, homeopathic substance or nutritional concentrate can be pre-determined with regard to any organ, system or function of the body. Last but not least, the administration of subtle forms of energy for treatment.

These treatment energies are of sufficiently low power to approximately match the level of amplitude of the body's own nerve currents; their unique feature, which differentiates them from all other forms of electrical or electronic therapy, is that they can be modified through a very wide range of tuning so as to selectively affect any organ, gland, or type of tissue desired --either to stimulate under-active function or inhibit over-active function. The treatment energies can also be tuned to neutralize or cause the body to excrete harmful deposits or accumulations of irritant substances or micro-organisms, with specific tunings for each different substance or type of micro-organism.

The effects of or results from the use of radionics varies from outstanding and even phenomenal success, through a scale of fair or mediocre results, down to a lack of benefit, depending entirely on the equipment used, the techniques applied, and the level of skill and understanding of the operator.

It is the purpose of this series to give an outline of the history of radionics, the different types of equipment that have been developed and used in this field, their advantages and weak points, and to discuss in condensed form both the benefits that have been obtained from radionics and the problems involved in its use.

To understand the origin of radionics, one must first look into its predecessor, E.R.A. These letters stand for the Electronic Reactions of Abrams. Radionics is not the same as E.R.A., but is an outgrowth of it. Without E.R.A. there would probably have been no radionics.

THE RADIATIONAL NATURE OF DISEASE

The originator of E.R.A. was Dr. Aobert Abrams, M.D. of San Francisco, California. He was born Dec. 8, 1862 and died Jan. 13, 1924. He obtained his medical education at University of Heidelberg in Germany -- the country which at that time led the world in medical advancement. He took postgraduate courses in London, Berlin, Paris and Vienna. In fact he was one of the most highly trained medical physicians of his time. He held numerous posts of honor; there were many publications to his credit; and he was held in the highest respect and admiration by the medical profession of the United States up until the time that he propounded the theory of E.R.A. That theory was so far in advance of the thinking of his period, that he then became a lonely figure in the medical profession of the United States, though the profession in England was more open-minded in its approach to E.R.A.

Late in the last century, when Dr. Abrams was taking post-graduate work at University of Heidelberg, he studied under a Professor De Sauer, who lectured extensively on the concept of the radiational nature of disease. Dr. Abrams was so impressed with those lectures that upon his return to California he embarked on an extensive series of experiments to test the validity of Professor De Sauer's theories. The results of numerous experiments convinced him that those theories were correct. The mention two of the experiments as illustrative examples:

1. A test-tube of TB bacillus culture, held by means of adhesive tape to a location over the 3rd and 4th dorsal spinal segments of a healthy person, produced blanching of the face that was typical of a tubercular. Upon removal of the test-tube of culture, blanching ceased.
2. Dr. Abrams diagnosed tumors by a characteristic dull sound elicited by percussion upon certain areas of the patient's abdomen. Patients without tumors did not manifest the dull sound. After diagnosing a tumor in a patient in this manner, the growth was removed by surgery, and then strapped to the forehead of a healthy person. Thereupon, that individual exhibited the same diagnostic dull sound upon abdominal percussion, that had manifested in the patient from whom the tumor had been taken! Upon removal of the tumor from the healthy person's forehead, the dull sound disappeared.

The phenomena involved in these and numerous other experiments, pointed directly to the radiational nature of disease. The test-tube of TB bacillus radiated something into the healthy subject's body, that induced a TB symptom. Radiation from the tumore tissue produced a diagnostic signal indicative of a tumor, so long as the tumor tissue was within radiational range of the healthy subject. The evidence from Dr. Abrams' long series of experiments was so overwhelming, that he thoroughly accepted De Sauer's concept, and initiated a program of research and development to produce equipment for practical use of that concept.

ELECTRONIC REACTIONS OF ABRAMS

The first book devoted exclusively to the development of E.R.A. was Dr. Abrams' "New Concepts in Diagnosis and Treatment", published about 1910. This followed very closely upon Spondylotherapy editions referring to E.R.A. -- the 5th edition and possibly an earlier edition. Many of the preliminary experiments which led to the development of E.R.A. are detailed in the book "New Concepts in Diagnosis and Treatment."

In accordance with the results of over a decade of experiments, Dr. Abrams propounded two basic hypotheses:

1. That all matter radiates, and that the characteristics of the radiations from any type of matter are dependent upon the molecular constituents of the material involved.
(Author's note -- this means that every different element or compound has a radiation differing from the radiation emitted by any other element or compound.)
2. That the radiations emitted by the different types of matter (and by the different organs of a living organism) can be detected, selectively differentiated, and the radiational amplitudes measured, by a trained operator using relatively simple equipment.

The first hypothesis was in contradiction to scientific principles as understood by the scientific community of Abrams' time. It was believed then that only the so-called radio-active elements radiated, such as radium, uranium, etc. It was not until after the advent of atomic physics that science evolved to the point where it recognized that all matter radiates. See any scientific text on "magnetic resonance", including two types: NMR (neutron magnetic resonance), and EMR (electronic magnetic resonance).

In scientific encyclopedias, one can now look up these subjects and see diagrams and descriptions of elaborate laboratory set-ups that prove the existence of radiation from non-radioactive elements. These laboratory set-ups involve the use of extremums of temperature and pressure (or vacuum), in conjunction with element samples and electrical circuits. There is a different set-up for each element involved. The set-ups are cumbersome and expensive; but at least they prove the underlying principle, first propounded in modern times by Dr. Albert Abrams.

The second hypothesis has not received any general acceptance by the scientific community as yet, although it is self-evident to every successful radionics operator, and to any accomplished radiesthesist.

Dr. Abrams had developed a very detailed procedure for physical diagnosis, with extensive use of percussion and palpation. He particularly emphasized percussion and found correlations between abnormal percussive sounds elicited from specific areas of the abdomen and pathology in particular parts of the body.

To put it another way, he ascertained there were reflex connections between specific organs and particular areas of the abdomen. He found there were modifications in the sounds elicited by his percussion tests if syphilis, gonorrhea or TB were present.

The percussion tests had to be made while the patient was standing, facing a particular direction of the compass, with abdomen bared. Dr. Abrams' physical examination procedure was long and rigorous, and constituted something of an ordeal for patients who were quite ill. In an effort to make the examination easier for patients who were feeling too sick to stand for the required length of time, wires were connected from a metal band on the forehead of the patient to a similar band on the forehead of the healthy person, and from a metal plate in contact with the patient's feet, to another metal plate on which the healthy person stood with bare feet.

With this hook-up Dr. Abrams found he could make his percussion and other tests upon the body of the healthy subject, and the subject then manifested all the disease reactions of the patient. Meanwhile the patient was reclining in comfort on a couch or sitting in a chair.

That the patient's disease reactions could manifest in the body of a healthy subject, when the two bodies were connected, showed that disease radiations and organ radiations would travel along conducting wires. Thus, no doubt unwittingly, the first step had been taken towards the development of a diagnostic circuit.

In his search for methods to sharpen the sounds and thus make his percussion and palpation diagnosis more certain, Dr. Abrams tried the insertion of rheostats in one of the wires leading from the patient to a healthy subject.

The rheostat, a device used to control the amount of current flowing in electrical circuits, consisted of a coil of bare resistance wire wound around a tube or frame bent or formed into a curve. This usually encompassed the greater part of a circle. One end of the resistance wire constituted one of the contacts to the rheostat. The other contact was connected to a slider which by means of a shaft and knob could be rotated. The arm of the slider made contact with the coil of resistance wire in such a way that by turning the knob, the number of turns of resistance wire in the circuit could be increased or decreased, depending on the direction of rotation of the knob and shaft.

DECIMAL READINGS OF INFINITY

The knob had a pointer, which pointed to a curved scale of position settings, on a board or panel. The dial settings of the rheostat showed, essentially, what proportion of the curved coil of resistance wire was included in the circuit. The scale was usually divided into divisions of zero to 100.

With one rheostat inserted into the connecting line between patient and healthy subject, it was found that with a patient who had syphilis, the sounds elicited by percussion on the abdomen of the healthy subject were considerably sharpened when the rheostat in the connecting line between the patient and the subject was set to the position of 55. Similarly, the percussion sounds on the healthy subject's abdomen were augmented by a setting of 52, if the patient suffered from gonorrhea. Likewise the percussion sounds elicited from the subject's abdomen were enhanced or augmented by a setting of 42, if the patient connected to the subject through the rheostat was a tubercular. Thus the principle of tuning in to disease was inaugurated. The original experimental work was done with these three diseases since their presence or absence could readily be determined by laboratory tests.

Other tunings were later added for additional diseases, such as flu, strep., staph., pneumonia, etc. Later the tuning range was increased by using two rheostats in series, providing for a total of 10,000 possible positions or settings.

Many interesting and valuable discoveries were made by the use of this method; for example, reactions indicative of syphilis, gonorrhea or TB were elicited in patients who had once had one of these ailments, perhaps many years previous, though treatment had suppressed any outward evidence of the disease. The electronic reaction elicited by the Abrams method showed that the disease factor was still present in the body. It was found that in many instances, the patient's present complaints were eliminated or greatly alleviated when additional treatment was applied to finish clearing the syphilitic, gonorrheal or tubercular factor from the body.

In other cases a smaller or weaker reaction indicative of one or more of these three basic diseases was elicited in patients who had no medical history of any of those ailments; upon investigation it was learned that a parent or grand-parent or previous ancestor had manifested the ailment for which the electronic reaction was elicited in the descendant. Here again, the health of the patient improved a great deal when treatment eliminated the reaction characteristic of those three basic diseases.

The inheritance of a tissue taint by the descendants of those who suffered from venereal disease or TB is reminiscent of Dr. Samuel Hahnemann's "chronic miasms". Dr. Hahnemann was the founder of Homeopathy. The principle of inherited toxins is thus well known to homeopaths. For them it is a concept accepted on faith, a point of doctrine; but to the electronic or radionic practitioner it is a demonstrated fact. This fact points toward improving health in a way that orthodox medicine cannot provide, since orthodoxy does not recognise the underlying condition

A RADIONICS-LOCATED GOLD STRIKE IN SOUTHERN CAL?

Escondido, Calif. "Free Press", Aug. 22, 1968: "The nearby mountain community of Julian could be in for a stampede like the famous gold rush of nearly 100 years ago. John Collins, 75, part-owner of the Ella Group Mines on Banner Grade, revealed this week the results of an assay of March 1968. The report, by a Los Angeles firm, indicated an excellent per-ton yield, not only of gold, but of another more valuable metal -- platinum!

"We've known it was here," Collins said in his cabin beside Hiway 78. 'Miners have encountered it in vaying amounts through the years but they always ignored it, not knowing what it was . . .'

"Collins said his motivation in announcing the platinum strike was to call attention to the effectiveness of a metal locating device operated by himself and his partner, Howard Luhning. Geologists have known for some time that there's still plenty of gold left in 'them thar hills. The only trouble is first, you've got to locate it, and second, get it out.' The first problem, Collins claims, is easily solved by means of his device. 'With it we hope to solve the second problem. We're for hire to other mines to locate valuable materials. With fees earned, we'd like to buy some new milling and processing equipment to get the stuff out.'

"When pressed for a description of his locating device Collins was mum. Finally he said, 'I'd rather not reveal the details of how it works, except to say it's nothing new. It was originated in Europe years ago to find water and coal deposits. We adapted it to our purpose. . . Not exactly like water-withing, though it's similar. There are no electronic circuits or batteries. I cant tell you how it works. I can say, though, that it's based on the affinity of similar elements. Each metal reacts to a similar signal. The operator has to be mentally in accord with the operation. . . We operated our locator on a trial and error basis for years, but now I can say it's finally perfected. It's so accurate that even though some are samples we locate with it show no gold at first, a later assay will verify the findings of the locator. Some persons who try to operate the device can't. Others get a reverse polarity reading. All the elements in the universe are in the human body, and maybe that has something to do with how it works. . ."

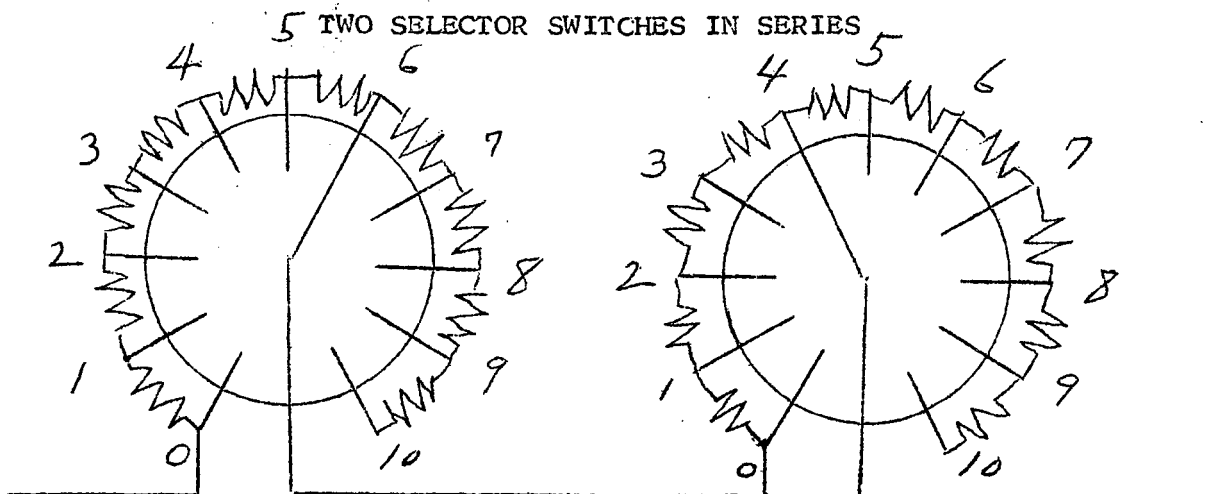
The use of rheostats for tuning, involved a problem of practical use. One could not be sure that a previous setting would be exactly duplicated in the future. Even with the aid of a pointer on the rheostat knob and a scale marked on the panel, there was always the possibility that the sliding arm on the rheostat would be set slightly higher or lower than before, when the operator wanted to duplicate a previous tuning. To eliminate this problem, the tuning mechanism was changed. Instead of rheostats, selector switches were adopted.

Fixed resistances were connected between each adjacent pair of switch contacts, as shown in the accompanying diagram. All resistances used between contacts of one rheostat were of the same resistance value, designated as ohms.

In this way, use of the switch knob determined how many equal units of fixed resistance were placed in the circuit. For example, if the switch knob was turned to place the switch arm at position No. 3, then three of the fixed resistances were placed in the circuit. Similarly, if the switch knob was turned so as to place the switch arm at position No. 6, there would then be six units of fixed resistance included in the circuit. Usually the switches that were used gave a choice of 10 or 11 positions, numbered from zero to 9 or zero to 10. The resistances used had to be of the non-conductive type, and preferably of very close tolerance with respect to the resistance value.

Previously when rheostats were used, the rheostat dials were usually marked from zero to 100 in 1-unit or 2-unit steps. This range of 100 units could be duplicated by using two selector switches as shown in the accompanying diagram.-- in place of a 100-ohm rheostat, the left-hand switch would have 10-ohm resistors between each adjacent pair of contact points, while the right-hand switch would have 1-ohm resistors between each pair of adjacent contact points. In this way, each resistance value from zero to 100, in steps of 1 ohm (the customary unit of electrical resistance measurement) could be included in the circuit by using the appropriate settings for the two switches. Correspondingly, two rheostats in series were replaced by four selector switches in series.

In an early period each resistance step was represented by a switch contact point mounted on a panel in the form of a screw having a large flat head. The heads were installed on the curve of an arc; the switch had a metal arm bent down at one end to make contact with the flat heads -- the other end of the arm had a collar and set-screw for attachment to the switch shaft or axle, which was rotated by a knob. Later this rather cumbersome arrangement was superseded by the use of rotary single-gang selector switches in which the arm and all contact points are contained inside the switch housing. From this housing protrude the contact connections and the shaft for changing the switch setting.



Because of Dr. Abrams' experience with tuning rates derived from the use of rheostats, he assumed that it was the quantity of resistance in the circuit which tuned the emanations coming from the human body, and from other organisms and types of matter. This assumption was accepted for many years by his followers and successors, but was later proven to be a fallacy. There was another factor in the use of the rheostat, which went unrecognized for many years. It will be discussed in a later instalment, devoted to the theory of radionic tuning.

MEASUREMENTS OF AMPLITUDE OR VOLUME

The inauguration of tunings for disease radiations as outlined previously in this series, was a major, even a revolutionary advance; but there was a further need -- some means to determine the magnitude of each radiation detected. Before this was found, the operator could get some idea of the magnitude through variations in the apparent strength of the percussion reflex, but this was not at all specific and depended too much upon the interpretation of the operator.

It was then learned that once the tuning rate of an incoming radiation had been ascertained and placed on the instrument panel, another rheostat could be brought into use to find the relative strength of the radiation being detected. This auxiliary rheostat was used to extinguish the reaction -- if the magnitude of the incoming radiation was small, a low setting of the rheostat would cause the reaction to disappear. If on the other hand the magnitude of the incoming radiation was large, then the rheostat would have to be advanced to a considerably higher setting, adding more resistance to the circuit, before the reflex action disappeared. Thus for the first time it became possible to measure disease radiation electronically!

MEASURING ORGANIC CONDITIONS

Later, when tunings were found for radiations from body organs, the measurement process was applied to the determination of extent of organ function, since the strength of radiation from an organ was found to be indicative of the condition of the organ and of its extent of function. Then the operator could determine which organs were functioning normally, which were below par in function (and just how much below par for each deficient organ) and which if any were functioning at an abnormally high rate (over-active).

For even more precise measurements of extent organ function, or of magnitude of disease radiation, two or more rheostats could be used in series, for example, a 100-ohm rheostat for gross measurements and a 1-ohm rheostat for fine measurements. The measuring rheostat or rheostats could be connected in series with the tuning rheostats, but had to be on a different position on the vertical (top to bottom) axis on the instrument panel from that occupied by the tuning rheostats.

In other words, the measurement rheostats had to be placed either above or below the row of tuning rheostats -- ordinarily they were placed below the rheostats used for tuning. If placed on the same horizontal row as the tuning controls, the rheostats intended for measurement purposes ceased to serve these purposes and instead became part of the tuning mechanism. It was possible also to use other than series connections between the tuning controls and the measurement controls, provided that the pre-requisite of keeping the two types of controls on separate horizontal rows was observed.

When tuning rheostats were replaced with selector switches, some instruments makers continued to use rheostats for volume measurement purposes, while others replaced them with selector switches to which a series of fixed resistances were connected as with the tuning controls.

As Dr. Abrams' practice grew, spurred by the increasing accuracy and thoroughness of his diagnoses, more and more instances arose of patients who wished to avail themselves of his method but who could not visit his office, either because they were too ill to make an office visit, or lived too far away. In the effort to be of service to these individuals, experiments were made with blood specimens taken from people who were ill, and placed in a metal cup (which Dr. Abrams termed a "dynamizer"), with connecting wires to the head and foot plates attached to the healthy subject (reagent) on whom the percussion diagnosis was performed. It was found that the blood carried all the radiations of the body from which it had been drawn, and could therefore be used as a substitute for the presence of the patient in the examining room. With the blood in the metal cup connected to the healthy subject, the diagnostic tests performed on that subject produced the same tunings and measurements as those prevailing when the patient (from whom the blood had been drawn) was personally connected to the reagent, through the tuning controls.

Since the blood flowed through every organ, gland and tissue of the body, it was reasonable to assume that all the radiations from those organs, glands and tissues would be absorbed by the blood including the radiations of any diseases present. This theory was later proven independently by the blood crystallizations method developed by the late Dr. Ehrenfried Pfeiffer. He perfected a technique for evaporating a small amount of blood in a copper sulphate solution. Crystalline patterns were formed, each different disease resulting in a different pattern.

The blood came to be used in the E.R.A. method (and later in radionics by some of the practitioners), in dried form, on a piece of blotting paper or other absorbent paper. This is in contrast to laboratory procedures, for which the blood is used, in liquid form. Since liquid blood spoils rapidly, it has to be mixed with a quantity of preservative. For the purpose of E.R.A. or radionic tests, a preservative must not be used, since it adds a strong foreign vibration or radiation of its own.

Since dried blood serves equally well as liquid blood for the purpose of E.R.A. or radionic tests, the blood came to be used in dried form to avoid the use of preservatives. The use of blood specimens broadened the utility of E.R.A. method but introduced special problems.

One of the problems was that of contamination. Both the E.R.A. and the radionic method are extremely sensitive, to the extent that if someone other than the patient handled the piece of paper on which the patient's blood specimen was placed, even a very slight amount of skin perspiration from the other person would place that person's radiations into the paper, to a degree. The result was that the practitioner would then likely detect the combined radiations of the two individuals -- the patient, and the Doctor or other person who had handled the specimens. This of course led to detecting and reporting of ailments or conditions not present in the patient. When this was discovered, special precautions were laid down for the preparation of blood specimens, to keep them free from contamination. However, those who would try to trick the practitioner were not interested in observing such precautions.

Another disadvantage of the use of blood specimens lay in the fact that the door was opened to trickery of various kinds. For example, blood specimens from animals and poultry were sent to the Doctor, ostensibly as human blood specimens. When the reports came back listing the various diseases found, the method was derided and ridiculed. Actually, the same trick can be successfully perpetrated on medical laboratories, since the laboratory work required to perform blood counts does not disclose whether the specimen is from a human or from an animal! The blood count ranges differ somewhat, but only to the extent that a reading that would be normal for some of the animals occurs frequently in humans who are ill. Animals and poultry are subject to the same toxic and infectious diseases as are humans -- primates have the same organs and glands as do humans, quadrupeds have most of the organs, glands and other structures of humans. Poultry are now being used as the subject of spin tests in the astronaut program "because their circulatory system is so similar to that of humans". The reports of disease radiations found in the animal specimens did not in the least invalidate the method, but those un-skilled in a new field are quite prone to unthinkingly accept adverse criticism that seems logical on the surface.

In modern radionics there are tuning rates to differentiate human and animal specimens; however this requires extra checking and so are not always used.

EVOLUTION OF THE DETECTION METHOD

In the evolvement of the Abrams method of detecting disease radiations, the next step taken was the abandonment of the percussion tests, and in their place the adoption of the method of rubbing or stroking the abdomen of the healthy subject, with a glass rod.

The percussion method of eliciting the signals or responses required a very high degree of skill, and was too difficult to teach to others. The use of the glass rod, while not easy to learn, at least proved possible for some others besides Dr. Abrams. In the use of the rod, the ease with which it slipped over the abdominal surface was noted. A significant manifestation occurred when the rod appeared to "stick" over a particular abdominal area, where more energy or force was required to move it a given distance on the skin of the subject. This phenomenon of "sticking" occurred in conjunction with tunings for disease and would disappear when the volume measurement control was advanced to a setting indicative of a strength of radiation greater than that which was being received.

COLORED LIGHT AND DISEASE

A further development was the addition of colored lights to shine on some element of the detecting circuit. These were said to have been originally suggested to Dr. Abrams by a Dr. McManus, an osteopath from Kirksville, Mo. The original colors used were red, yellow, green and blue, in addition to incandescent light of no specific color, termed "white light". A selector switch was incorporated, permitting the use of any one of those lights, or the use of no light. The reason for the use of colored light was because it was found that certain disease radiations manifested more strongly in the presence of specific colors of light. Thus the TB radiation was stronger and more easily detected when the red light was used; staph. radiation was stronger when the blue light was on; strep. was more readily detected with green light; and inflammation came in more clearly when the yellow light was used. Bacteria, cold or flu toxins manifested better when white light was turned on.

MAGNETIC FIELD CANCER CURE

"Mice live up to 45% longer after they have been subjected to certain types of magnetic fields, and cancerous mice lose their malignant growths after similar treatment, a Los Angeles space scientist said here yesterday (Los Angeles 'Times', April 1960). Dr. Harold S. Alexander of North American Aviation Corp.'s missile division told scientists at an annual meeting of the Institute of Environmental Sciences at the Biltmore that much more research must be conducted before the effect of these magnetic fields on humans will be known.

"But, he said, several leading cancer researchers are already pursuing the experiments pioneered by Dr. Jenő Barnothy, Hungarian physicist now of Chicago, who participated in yesterday's program.

"'Aside from the effect on malignancies (cancer), we don't yet know why the mice live so much longer after four to six weeks in a magnetic field,' Dr. Alexander said., 'but we think the experiments have some effect on the rate of cellular reproduction.'

"He displayed photographs of two mice from the same litter which had reached an age equivalent to 90 years in humans. The one which had lived for awhile in a magnetic field appeared only about one third as old as the other."

The California Medical Association has now had over eight years to research this spectacular cancer-cure breakthrough, but so far only thunderous silence.

We have seen that the evolvement of the detection method of E.R.A. arose mainly through Dr. Abrams' endeavors to improve his techniques of physical diagnosis, with the direction of these endeavors influenced by Professor de Sauer's concepts. In contrast, the development of the Abrams treating equipment was from the start a project directed specifically toward the goal of neutralizing or eliminating disease radiations by electronic means.

Dr. Abrams was convinced that the most effective treating current would have to be low enough in amplitude to avoid heating the body tissues and also would avoid causing any pain or discomfort. A further feature of the equipment was that it should be capable of being tuned to the radiational frequency of the specific disease to be overcome. This was a major advance in therapy. The Abrams treating equipment operated in the short-wave band, but differed from short-wave diathermy in many ways, including the following:

1. Short-wave diathermy uses heavy power which heats the body tissues. The Abrams treatment equipment purposely avoided heating up the tissues.
2. Short-wave diathermy operates on one frequency only. The benefits or advantages of tuning or frequency selections are lost when enough power is applied to heat the body tissues. The Abrams equipment incorporated the beginning of the principle of tuning the treatment current to influence the disease radiation, by offering a choice of eleven different frequencies.
3. Short-wave diathermy current is not interrupted. Interruption of such heavy treating current, which has for its goal the production of heat, would slow down the heating of the body, and require longer treatments. In contrast, the Abrams equipment used an interrupted or pulsed current, for better results in therapy.
4. Another difference lay in the high degree of damping of the current from the Abrams equipment.

Several parts of the short-wave band were used by Abrams and his immediate successors at different times, but most of the work was done in the lower third of the 43-megacycle band. In the Oscilloclast, the final form of the Abrams treating instrument,

the eleven treatment frequencies (from which the operator selected one at a time by means of push-buttons) were in the range of 43,000 megacycles to 43,357 megacycles. This is in the 10-meter band of very high radio frequencies and just below the television bands. Channel 2 starts at 54,000 megacycles. RHC) Some of these eleven frequencies were designated for the treatment of specific diseases or groups of diseases, as the result of correlations found between disease emanations and short-wave radio frequencies in the detection research. The other treatment frequencies were for the stimulation of function of function of major organs such as the liver and spleen. It was considered that an interrupted current more effective than a continuous current, with the combination of high frequency and low power used.

For over twenty years the Abrams treating equipment used mechanical means of interruption of the current output, termed the "tic-toc" apparatus, due to its similarity to the pendulum of a clock. The mechanical making and breaking of the circuit produces periodic sparks. The spark itself is known to have some therapeutic value, as witness the Lakhovsky multi-wave oscillators, and the S.S. Knight machines.

In 1938, quite a few years after Dr. Abrams' death, when radio circuitry with vacuum tubes had become well established, the mechanical means of interrupting the treatment current was abandoned by the Foundation carrying on Dr. Abrams' work. From then on, the current instead was chopped or pulsed electronically, by an oscillating circuit using vacuum tubes and a condenser. The condenser discharged periodically. There were some practitioners who felt the earlier Abrams treating units using the mechanical make and break were superior.

When the Abrams treatment equipment was in use, the output current, at low voltage and very low amperage, was conducted to the patient by connecting wires attached to metal electrodes placed dry on the patient's skin. Besides the pulsed, damped short-wave treatment output, variable in tuning to the extent already mentioned, the apparatus also delivered another type of treating current -- namely an alternating magnetic current, applied through a separate set of electrodes.

The Abrams treatment instruments, the Oscilloclast and the Oscillotron, are now of interest more for their historical than for their therapeutic value. While they undoubtedly produced some favorable results in many cases that had not yielded to orthodox methods, the length of time and number of treatments required to produce a given result were far greater than for modern radionic equipment. The differences between Abrams treatment equipment and radionic treating units will be outlined in a later instalment of this series.

DEVELOPMENT OF THE RUBBING PLATE OR DIAPHRAGM

From the time Dr. Abrams gave his first class to doctors in the use of the E.R.A. diagnostic method in the middle of the second decade of this century, efforts started on the part of some of his followers to see if the use of the human "reagent" could be eliminated. There were three disadvantages to the use of the reagent (healthy subject on whose abdomen the responses were elicited); These disadvantages were of three types -- technical, human and financial. The technical problem lay in the difficulty of finding a person who was completely healthy, free of toxicity, with all organs, glands and types of tissue functioning at par. Any deficiency of function, disease radiation or toxicity in the reagent, would be combined with the reactions of the patient, so that the responses would be a mixture of the factors from the two individuals, instead of solely from the patient.

The human problem lay in the fact that vary few individuals were willing to stand for long periods of time with abdomen bared, while submitting to the percussion procedure or the stroking of the abdominal skin repeatedly with glass or plastic rods for the purpose of compiling the patient's electronic analysis data. The economic or financial factor was the necessity for paying for two individuals' time for each analysis -- that of the doctor or other person who operated the equipment, and that of the reagent on whose abdomen the reflex indications were detected.

Dr. Earl Smith, one of those who took Dr. Abrams' first class in E.R.A. method, reasoned "What is the difference between rubbing a glass rod on the skin, or rubbing the skin over a piece of glass?" From this question, experimentation began on a set-up in which the operator used his own skin for the purpose of detecting the radiations involved, specifically, the skin of the underside of the operator's fingers, particularly the balls of the finger-tips and the areas just back of the balls. These skin areas were used for the purpose of stroking the glass plates or slides. The patient's radiations were conducted to the glass by means of a connecting wire or wires from the tuner, leading to a metal coin or disc placed underneath the glass plate. It was found that glass had to be covered with a certain type of coating, in order that the "stick" could be obtained in accordance with appropriate settings of the tuning and volume-measurement controls in relation to the patient's radiations.

Various substances for the coating were tried, including india ink, photographer's re-touching fluid, photographic emulsions, etc. Later it was found that other substances could be used instead of a glass plate; these tried included rubber, leather, wood, and plastic. Rubber was difficult to learn to use, though once mastered, some operators liked it. Leather gave a strong "stick" but required a heavy stroke. Some plastics were very sensitive and gave a stick but also had the fault of giving false sticks -- that is, signals when none should have been given.

Certain fine-grained hardwoods were preferable, at least for many of the operators. For this purpose, mahogany and manzanita were fairly good. Brazilian rosewood or macumba were among the best. (Rosewood fingerboards are common on stringed musical instruments. RHC.)

While the stroking of the reagent's abdomen with a rod was not quite as difficult as the original Abrams method of diagnosis by percussion, it still was quite far up in the scale of difficulty, and very few could be found who could be successfully trained in the method. A good rubbing plate assembly was noticeably less difficult to learn to use, hence it became possible to enlarge the field of practise to include more substantial numbers of practitioners. The rubbing plate became an integral feature of radionic equipment, while E.R.A. retained the use of the reagent. The E.R.A. method has died out since the Electronic Medical Foundation went out of existence some years ago (the organization to which Dr. Abrams willed his fortune, for carrying on his work). Radionics continues to be used; openly and freely in England, to a lesser extent in some other European countries, and on a reduced scale in the United States due to pressures brought to bear against it in recent years by the forces of orthodoxy.

HOSPITAL HAZARD -- ELECTROCUTION

San Francisco "Chronicle" Feb 21, 1969 -- "Washington. About 1200 hospital patients are accidentally electrocuted annually while receiving 'routine medical treatment' or treatment because of faulty equipment, safety investigators have been told. The source of the information was Dr. Carl W. Walter, clinical professor of surgery at Harvard Medical School and a surgeon at Peter Bent Brigham Hospital, Boston. The disclosures were made by consumer advocate Ralph Nader in testimony before the National Commission on Product Safety.

"Dr. Walter said in a telephone interview that many of the electrocutions occur during diagnostic procedures in which the patient is hooked up to electronic systems. Almost invariably, he said, the deaths are listed as cardiac arrests -- 'and who's to prove electricity caused the heart stoppages?' For that reason, he said, there have been few law suits over the deaths, and the hazards have been little publicized. The Boston doctor said that most hospital electrocutions occur when untrained hospital employees link incompatible units. But other such deaths are caused by surges of high voltage, leaking from equipment, poor circuit design and connecting patients to electronic equipment for long periods of time -- as in intensive care units.

"Dr. Walter said he obtained the figure on electrocutions from an actuary for a national insurance company whom he would not name. The number, he said, is close to his own estimates."

THE CALERO-MAGNOWAVE EQUIPMENT

The second half of the decade of 1920-1930 witnessed the development of four types of radionic equipment, all more advanced than the Abrams E.R.A. apparatus, and each having its own particular features.

These four types were:

The Calbro-Magnowave
The Pathoclast
The Radioclast
The Drown equipment

Each of these types will be described in this series, as they all played a part in the development of the art.

The Calbro-Magnowave had the greatest tuning scope of any of the four, including on its tuner panel four horizontal rows of tuning dials, six dials per row, giving a total of 24 dials. This permitted the use of more advanced technique than could be utilized on the other types of equipment. Other features of the Calbro-Magnowave:

1. A rubbing plate warmed by a built-in, low power electric heating element. It was found easier to elicit signals on a rubbing plate kept warm.
2. A slotted-screw adjustment for tuning the rubbing plate assembly.
3. A button which, when pressed, would clear the instrument of all accumulated radiations. This sometimes was of help to avoid carry over of radiations from one condition to another, and was always of use when changing from one patient to another.
4. A specimen well into which a test vial containing a sample of a vitamin, mineral, food or remedy could be inserted, to ascertain what effect the radiations from the test substance would have upon the patient's organ functions and disease readings.
5. A treatment circuit which for the first time used the same type of tuning for treatment as for the diagnostic procedures. This permitted the art of radionic treating to be developed to a far higher peak of selectivity and effectiveness. It opened the door to a tremendous variety of treatment effects, such as had never been known previously. Most of the remainder of this instalment will be devoted to the treatment aspect of the Calbro-Magnowave.

Previous use of radionic treating had been on the basis of one tuning for each type of disease. However it was learned that, for example, strep in the liver required a different treating rate for effective elimination than for strep in the thyroid, and similarly a different treating rate was required for treating that bacteria out of each different organ or gland in the body. Also, the treatment rate that will most effectively eliminate strep (to continue to use an example) from one person's liver will not be the rate that will most thoroughly eliminate it from another person's liver!

Every individual has different bio-chemical and electro-chemical reactions, just as every individual has different finger-prints and foot-prints. These differences mean that only by individualized or personalized adjustment of treatment tunings can the quickest and most thorough results be obtained.

The prime virtue of the Calbro-Magnowave is that for the first time it permitted the utilization of "personal" treatment rates, individually developed for each patient, for the most thorough elimination of disease factors from specific organs, glands or other tissues of that particular person. This was done by providing precise matching of individual bio-electric radiations in specific organs of the person, as altered by specific disease factors. This introduced a degree of precision into therapeutics which far out-matched anything available in medical practise to this day, over 40 years later.

Personal treatment rates are only possible when the tuning apparatus in the treatment circuit is of the same type as used in the diagnostic circuits. Also, personal treatment rates cannot be satisfactorily used on instruments of limited tuning scope such as the Pathoclast or Drown instruments, and most of the Radioclast models.

With the Calbro-Magnowave, and successor instruments to be described later, the operator first performs the diagnostic analysis and determines which organs require treatment and also determines what disease conditions should be eliminated. Usually there is more than one disease condition or type of tissue pathology, and more than one organ that needs attention. Choosing the condition and organ to be treated first, the tunings for the condition and the organ are placed on the tuner panel, the intensity of the adverse condition in that organ is noted, then the tuning dials on the treatment row are brought into play, from one end of the row to the other, the operator determining for each dial the setting that will best neutralize the disease condition in the organ or location involved. This determination is made by means of resonance detected on the rubbing plate, which is used constantly during the period of time in which the operator is developing the personal treating rate. The procedure is not automatic, and results vary with the skill of the operator.

Assuming a competent, skilful operator, the procedure opened up a whole new field of therapy. It permitted conditions to be cured which hitherto could not be touched. Examples will be given toward the end of this series. Right now, the nature of the treatment current should be mentioned.

In contrast to the Abrams Oscilloclast, which used a small number of short-wave radio frequencies for treatment, the Calbro-Magnowave and successor instruments used the emanation from one side of the 110-volt house current, tuned radionically by the treatment row of tuning dials.

In conventional electricity it is not generally known that a current can be obtained from one side of the electric line -- from the "hot" side only. However, the fact that such a current is obtainable is known to some radar experts, as it is a disturbing factor in radar. The presence of such a current can be readily demonstrated with a 1/25th watt neon test bulb; connecting one terminal of the bulb to the hot side of the alternating current line, the bulb will light dimly when its other terminal is touched with the finger.

This current, obtainable from one side of the alternating current line, is extremely low in magnitude; thus it does not disturb or upset the normal flow of nerve energy in the human being. It is therefore an ideal carrier wave for the subtle effects of the tunings introduced by the radionic treatment dial settings -- effects which would largely be lost or seriously overwhelmed by more gross electrical currents such as the sine wave or faradic.

Any Calbro-Magnowave instruments that may still be in existence inevitably have badly corroded, worn or loose contacts due to the age of the equipment, and would need to be completely rebuilt in order to function properly.

The first word of the name, "Calbro-Magnowave", was obtained from the last names, Caldwell and Bronson, of the two men who formed the company that developed and made the equipment. The second word was coined. Over a Thousand of these instruments were said to have been sold during the late nineteen twenties and early thirties. It was the first radionic instrument to attain such a side sale, and possibly the only one that did so. A convention of users of the equipment adopted the term "radionic" as descriptive of the equipment, and at the same convention an association of users was formed, termed the "International Radionic Association", which continued in existence for nearly thirty years.

Around 1926, Dr. Wigglesworth and his company, the Pathometric Corporation, produced the Pathoclast, of which a number of models were manufactured during ensuing years. It differed from previous equipment in two significant respects -- the use of variable condensers for tuning, and the inclusion of vacuum tubes for amplification

Tuning was accomplished by means of a large dial for each variable condenser, the dials were calibrated 0 to 100 in 1 or 2 degree divisions. There were two dials per tuning row, and two or three rows, depending upon the model. On a 2-row instrument, the upper row could be used for condition tuning rates and the lower row for visceral (organ) tuning rates. A tuning rate encompassed settings of both left and right-hand dials; with each dial capable of being set at any of 100 positions, the total possible number of tuning rates per row therefore was 100 x 100 or a total of 10,000. While this may seem to be quite a large number, yet it falls far short of the million-plus combinations possible with a tuning row on the Calbro-Magnowave, which incorporated 6 dials each of which could be set anywhere from zero to 10 in 1-unit steps.

Many tuning rates used on the Calbro-Magnowave and successor instruments had no representation on the Pathoclast so could not be used on it or on any condensor-tuned equipment.

Since the tuning equipment was fundamentally different for condensor-tuned apparatus, the tuning rates were not transferrable from one type of instrument to the other. Nevertheless, within the scope of tuning usable on condensor-tuned equipment, much valuable diagnostic and therapeutic work could be done by an operator experienced in the use of that type of equipment.

Some years later, Mr. T. G. Heironymous, an electrical engineer, developed the Electro-Biometer, which incorporated a number of improvements over the Pathoclast, and was the most advanced condensor-tuned radionic instrument ever made. It included facilities for changing vials of water with a radionic treatment rate selected for the patient. The rate-charged water could then be given to the patient to drink or administered by hypodermic injection. Treatment rates could also be given from the instrument in the customary manner, with the treatment output being led by wires to electrodes placed on the body surface.

Both the Pathoclast and the Electro-Biometer used vacuum tubes for amplification. It was hoped by many and believed by some, that the vacuum tubes amplified the radiations from the patient which were utilised in the radionic diagnosis, but this was never proven. In fact, quite a few operators found they could use the equipment for diagnostic analysis just as effectively when the power supply current was shut off. Since the application of the house current was necessary to activate the vacuum tubes, this indicated that the use of tubes did not actually improve the sensitivity of the equipment in receiving and making manifest the radiations from the patients. Electricity plays no part in the operation of the true radionic detection equipment.

AMPLIFICATION FOR TREATMENT

There was a greater element of success in the use of vacuum tubes to intensify the treatment current. It was found that when this amplification was used, treatment time was considerably shortened, both as to the duration of each treatment, and the number of treatments required to treat out a diseased condition. With condensor-tuned equipment, treatment was accomplished with the tuning dials set at the positions required to detect or receive the condition of disease it was desired to eliminate. By using an odd number of vacuum tubes in the amplifier (usually three), the treatment current was administered in reverse phase, thus neutralizing or cancelling out the disease radiation from the patient.

Transistors should never be used in any radionic treatment circuit, as the transistors contain small amounts of arsenic, selenium, or other elements poisonous to the human organism. If incorporated into a treatment circuit, the radiation of the poisonous metal is conducted into the patient and can produce adverse effect.

In the same fertile period of radionic development, the latter half of the 1920s, the Radioclast came into being. It used 10-step dials like the Calbro-Magnowave equipment, but lacked the tuning scope of the latter equipment, as most of the Radioclast models had only a very few tuning dials. Vacuum tubes were included, as in the Pathoclast. The Radioclasts were made in Ohio, and obtained a group of followers, mainly in the Eastern U.S. and up into South-East Canada. Within the handicaps imposed by the limited tuning scope and consequently limited range of treatment technique, a considerable amount of worthwhile work was accomplished.

Radioclast instruments, besides their radionic circuits, included two auxiliary treating circuits using conventional electrical treatment modalities -- one was a faradic current.

In the latter part of the 1920s, Ruth Drown, D.C., who had been taking treatments from a practitioner in Southern California using Abrams equipment, decided to produce a better instrument. She came up with a small one with a total of nine tuning dials arranged in three rows, three dials per row. The dials had 10 steps each, as before, In contrast to other equipment, hers used no power behind the treatment rates. Her theory was that all vibratory rates were ever-present in the atmosphere and being received by the human organism. Tuning the equipment to a particular rate set up a resonant circuit between the equipment and the patient with regard to that rate, intensifying its effect.

Although she and her assistants did some office treating, most of her treatments were given "broadcast" style -- that is, the patient's blood specimen was placed on a metal plate incorporated in her instrument, to which the treatment circuit was connected. In practise, while some individuals with particularly sensitive constitutions could benefit from being connected to a treatment circuit with no power behind it, others did not derive significant benefit. They required power treatments to obtain adequate therapeutic effect. The broadcasting of treatments further attenuated the effect. Again, some individuals were susceptible to being treated broadcast fashion, while others were not. Apparently no attempt was made to ascertain into which category each patient fell. The result was that some of those who paid a substantial monthly sum for daily broadcast treatment, and who did not benefit, naturally complained. This was undoubtedly a factor in the legal persecutions brought against Dr. Drown, though her practise of selling treatment instruments to laymen at high prices was also responsible for drawing legal difficulties.

Dr. Drown undoubtedly had a great deal of ability and a very wide range of knowledge; she therefore attracted a group of enthusiastic followers. She called her work "Radio Therapy" and tried to get it apart from radionics. It would seem that her ability and knowledge transcended the limited scope of her equipment.

RADIONIC PHOTOGRAPHY

A very intriguing development of hers was the use of the equipment to produce photographs of internal organs or tissues. The equipment would be tuned to the organ or tissues in the body it was desired to photograph, and a wire from the equipment tuning circuit led to a clip attached to the unexposed film. She accumulated a remarkable series of photos produced in this way. There has never been any satisfactory explanation of how this was done. Dr. Drown was not able to merchandise or commercially exploit this method, as it would not always work for her and it rarely worked for anyone else. Apparently it was akin to some form of psychic photography -- a unique personal talent. If the person of whom an internal organ photo was to be taken was connected directly to the instrument at time of the "exposure", the resulting picture was a view of the outside of the organ tuned in on the equipment. In contrast, if a blood specimen was used, the resulting photo was an inside view of the patient's organ, assuming in each case that the process was successful. b

Continuing with a review of the equipment used in this art, the successor to the Calbro-Magnowave was the Art Tool & Die Co., of Detroit, Michigan. It produced a variety of models from the middle nineteen thirties until 1942, when shortage of electronic parts for civilian use during World War II force the company to discontinue production.

Just as the Calbro-Magnowave was the best instrument of its day, in terms of tuning scope, features and effectiveness; so were the Art Tool & Die Co. instruments the leaders of their period. The later models made by this company differed in design, and had a number of improvements as compared to the Calbro-Magnowave. The number of tuning controls per horizontal row was increased from six to nine. This was done mainly in response to the theoretical and practical advances incorporated in the teachings of a remarkable individual named A. Stanley Rogers, whose work merits a separate instalment in this series. With nine tuning dials per row, the number of possible tuning combinations was still further increased. Accuracy of tuning was enhanced, enabling the instrument to be brought more squarely in resonance with certain factors that had not been adequately expressed in 6-dial tuning rates. Above all, the incorporation of nine dials in the treatment circuit of the instrument brought a very significant improvement in the effectiveness of the personal treatment rates, since they could now be tuned to much greater precision.

At one time, 13-dial tuning rows were tried, but this was abandoned as it was seldom that more than nine dials were needed for any diagnostic factor, and it was found that the use of more than nine dials in a treatment rate narrowed the frequency band of the delivered impulses to too great an extent. The greater number of tuning dials in the treatment row of controls, the more powerful becomes the therapeutic effect within the band delivered by the treatment circuit, and the narrower becomes the band.

Up to a certain point, the increase in therapeutic power produces increasingly better results with the patient. Beyond that point the narrowing of the frequency band becomes too great, with the result that some of the band that needs treatment in the patient is missed.

It has been established that the optimum number of dials to use in a horizontal row for the treatment circuit lies between seven and nine. By using an instrument with nine dials per row, the optimum can be obtained for each patient, since if the use of seven dials is required for that purpose, two of the dials in the treating row can be left at zero and will have no effect. The result be as if one had a seven-dial-per-row instrument; while with another patient for whom the use of nine dials is desirable in the treating circuit, all nine can be brought into use.

SAVING TIME

A feature added by the Art Tool & Die Co. was tuning rates which could be taken in or out of the circuitry by means of toggle switches. This added nothing to the effectiveness of the equipment, but was a great convenience to the busy practitioner as it saved time in checking the rates for which toggle switches were provided. It meant that instead of having to set several tuning dials in turn at specific settings in order to incorporate a particular tuning rate, all the operator had to do was to flip the toggle switch designated for that rate and it would be placed in the circuit. Flipping the toggle back to its "off" position removed the corresponding tuning rate from the circuit. There were two rows of those toggle switches, one row for visceral or organ tuning rates, the other row for condition rates. The addition of tuning rates that could be taken in or out of use by toggle switches considerably increased the complexity of the circuitry and therefore the cost of the equipment.

Besides the time saved by using tuning rates controlled by toggle switches, there was the additional advantage that more factors could be incorporated into the circuit at a time. For example, if a type of toxicity was found in the patient, such as strep or staph, the tuning rate for the toxic factor could be left in the circuit and then different organs could be checked to determine how many of them this toxic factor had invaded. Each of the tunings for organs having that factor would then be left in the circuit -- perhaps five or six or even more. Then the personal treatment rate could be worked up, to treat the toxic factor out of all the organs that had been affected by it. This could not be done with one rate on instruments not having the toggle switches for tuning rates, as the control panel would not incorporate the tunings for that many organs at one time.

As in so many fields, an advantage in one direction brings a disadvantage in another direction. Using the toggle switches was so much easier than setting individual rates on the tuning dials,

that operators tended to restrict their analysis to the limited number of factors for which toggles had been provided. This sometimes resulted in failure to perform the amount of analytical checking required to uncover all the principal factors involved in a patient's illness.

Before leaving the Art Tool & Die Co., mention should be made of their automatic instrument, an ambitious project which came very close to providing an instrument that would register the readings automatically instead of requiring the operator to rub a plate. The instrument was termed the Electro-Metabograph; it was quite large and impressive, had many radio-type vacuum tubes, and fed its output into a cathode-ray tube for visual sighting of the radionic of the radionic impulses. A few dozen of these instruments were made, sold and placed in operation. They seemed to work satisfactorily for a while, but the circuitry was unstable and difficult to keep balanced. When un-balanced the instruments became inaccurate in diagnosis and ineffective for treatment. The company had just one man who was able to keep the instruments balanced, or to re-balance them when they went out of order. When this particular man retired, no one else could be found who could perform the necessary adjustments. Therefore the owners either discontinued the Electro-Metabographs or had a rubbing plate installed for hand operation.

TESTING COMBINATIONS OF REMEDIES

Kenneth Hunter had worked for Art Tool & Die Co. prior to World War II. At the conclusion of the war, Mr. Hunter started producing instruments using essentially the same circuitry but with different exterior design features. The specimen well was made considerably larger, so that combinations of vitamins, minerals or food supplements could be checked for the patient. Rates controlled by toggle switches were incorporated, as with the later models of the Art Tool & Die Co. The Hunter instruments were installed in beautiful cabinets. Several hundred of his instruments were sold, mainly in California, but a few of them were used in the Pacific Northwest and in states farther East.

Mark L. Gallert, N.D., followed the general line of development from the Calbro-Magnowave, Art Tool & Die, and Hunter instruments, but added a number of fundamental improvements, to make the equipment more sensitive, and easier to operate. Three tuning controls were introduced in the circuit to the metallic element under the rubbing plate, one for the purpose of tuning the detector plate to the characteristics of the operator, and two for tuning the instrument to the radiational characteristics of the environment in which it is used.

Instead of one metallic element under the detector or rubbing plate, two were used, of different metals and of different sizes and shapes. The detector assembly in the Gallert equipment was composed of seven layers, all of different materials, and each with a characteristic pattern different from that of the pattern of any of the other layers.

The shapes were purposely non-symmetrical. The combined result of these and other improvements was that the period of time required for a new operator to learn how to operate the equipment is greatly reduced, and it can be operated easier and with less energy expended.

Other improvements involved variable coupling between patient input, the tuner, and the treatment output. This enabled each instrument to be tuned to peak efficiency. The specimen well had a separate section assigned to it, with the factor of directional light separated from the factor of color ray, as Gallert found there had been confusion between the effects of the two factors in previous equipment. Also the method of inter-connecting the five rows of tuning dials, nine dials per row, was changed from a straight series circuit to a special arrangement which is neither series nor parallel, and appeared to be better adapted to the purposes of the equipment. Only a limited number of these instruments were made, as their production was never a commercial undertaking. When any company goes into the business of making radionic equipment to sell at a profit, there is inevitably the pressure to sell as many instruments as possible. This usually results in selling instruments to some who lack the necessary capabilities, education or training for proper use.

* * * * *

PART II

Radionics Instruments

RADIONICS INSTRUMENT, using a modified Drown Circuit

This is a simple, basic, 10-dial tunable antenna which enables the operator to pick up or register in numbers the vibrations or conditions of human organs and parts of the body. The tuning is done with seven rotary switches and three variable resistors in a step-down system of two stages.

Dial No. 1 - Rotary switch of 10 positions, with a 100-ohm resistor at each position, totalling 1000 ohms resistance when switch is at #10 position.

Dial No. 2 - Rotary switch of 10 positions, with a 10-ohm resistor at each position, totalling 100 ohms resistance when switch is at #10 position.

Dial No. 3 - Rotary switch of 10 positions, with a 1-ohm resistor at each position, totalling 10 ohms resistance when switch is at #10 position.

Dial No. 4 - Variable resistor of one ohm total resistance, with a dial numbered 1 thru 100.

Dial No. 5 - (Second stage) repeat of No. 1.

Dial No. 6 - Repeat of No. 2.

Dial No. 7 - Repeat of No. 3.

Dial No. 8 - Repeat of No. 3.

Dial No. 9 - Variable resistor of one ohm total resistance, with a dial numbered 1 thru 100.

This is the tuning dial. The disease rate is found by turning this dial slowly while rubbing the plate, somewhere between 0 and 50, indicated by the shtick or resistance to your finger rubbing on the wooden plate.

If the dial goes beyond 50 before the shtick indicates you have found the disease rate, you need a longer antenna for this particular condition. Turn your tuning dial back to 0 and lengthen your antenna by adding resistance with dial No. 8, which is normally left at 0. Then try tuning again for a number somewhere between 0 and 50.

The numbers between 50 and 100 on the tuning dial are reserved for the treatment rate. Once the disease rate has been found then move on to the upper portion of the dial and try for the shtick which indicates the number of the vibration necessary to create the standing wave. This wave, produced by the Treatment Instrument, will neutralize or counterbalance the diseased condition.

Dial No. 10 - Variable Resistor of one ohm total resistance, with a 0 thru 100 dial. This is the color dial or tuner.

Dial No. 11 - Variable Rsistor of 25 watt capacity, 25 ohms resistance, controls heating element or light for rubbing plate.

Some operators find that a warm rubbing plate is more sensitive than a cold one, thus the heating element or lamp under the wooden plate.

The Color Tuning Dial is not in the tunable antenna circuit but is connected directly to the specimen Well. Electrical pressure is maintained on this part of the instrument by taking current off one side of a pair of Neon glow lamps acting as ballast. To an orthodox electrician or electronics engineer this looks like one side of a 115 VAC circuit leading nowhere; but remember that both subject and instrument operator are within the earth's magnetic field, and thus grounded through their auras; so there is a subtle circuit between the Well and whatever or whoever is connected to it, and the negative earth, with a 60-cycle per second rhythm!

PARTS LIST

Fixed Resistors,	100 ohm,	20
"	"	10 "
"	"	1 "

20
20
30

Rotary Switches, 7 with 11 positions, 0 thru 10

Variable Resistors, 3 at One Ohm each
1 wirewound, 25 ohms

Dial Plates, 7 numbered 1 thru 10
3 numbered 0 thru 100

Neon Glow Lamps, 2, to be hooked up in series

Lamp Sockets, 2 candelabra screw sockets

Rubbing Plate, 1, of ebony or Brazilian rosewood, 2 x 3 inches

Attache Case, 17½ x 12 x 4 inches deep

Mounting Panel, Bakelite or Plexiglas to fit in Case.

Metal Can, for Well in which are placed blood specimen,
photograph or signature of subject being analyzed.

Lead Wire, for connecting subject directly to Well for diagnosis.
This should be 6 or 8 ft. long, of flexible,
insulated wire, with an alligator clip at one end
for hooking to specimen well, and a small, round
or oval flat metal plate at the other. This
electrode is placed over the abdomen of the
subject, preferably against the bare skin, or it
can be held in the hand.

Miscellaneous hook-up wire, lamp cord, solder, screws, bolts and switch.

NOTE ON THE ATLAS TREATMENT RATES

In referring to the ATLAS of treatment rates, which follows these descriptions and drawings of the radiinnics instruments in Part II, you will note that most of the treatment rates given are between 50 and 100 on the treatment scale. These correspond largely to the etheric levels of matter. This is where the balancing of vital energies takes place; then the curing of the diseased or unbalanced conditions of the physical body follows as a matter of course.

But some conditions call for a lower rate, between 0 and 50, closer to the vibratory rate of physical molecules rather than the atomic and sub-atomic rates of the higher, etheric levels. The treatment instrument can be set for this lower rate at the start, at least; higher rates may be called for as the negative conditions respond to the balancing energies and are regressed. Below are the Physical-Etheric Scales from the Mystery Schools:

Heindel-Rosicrucian

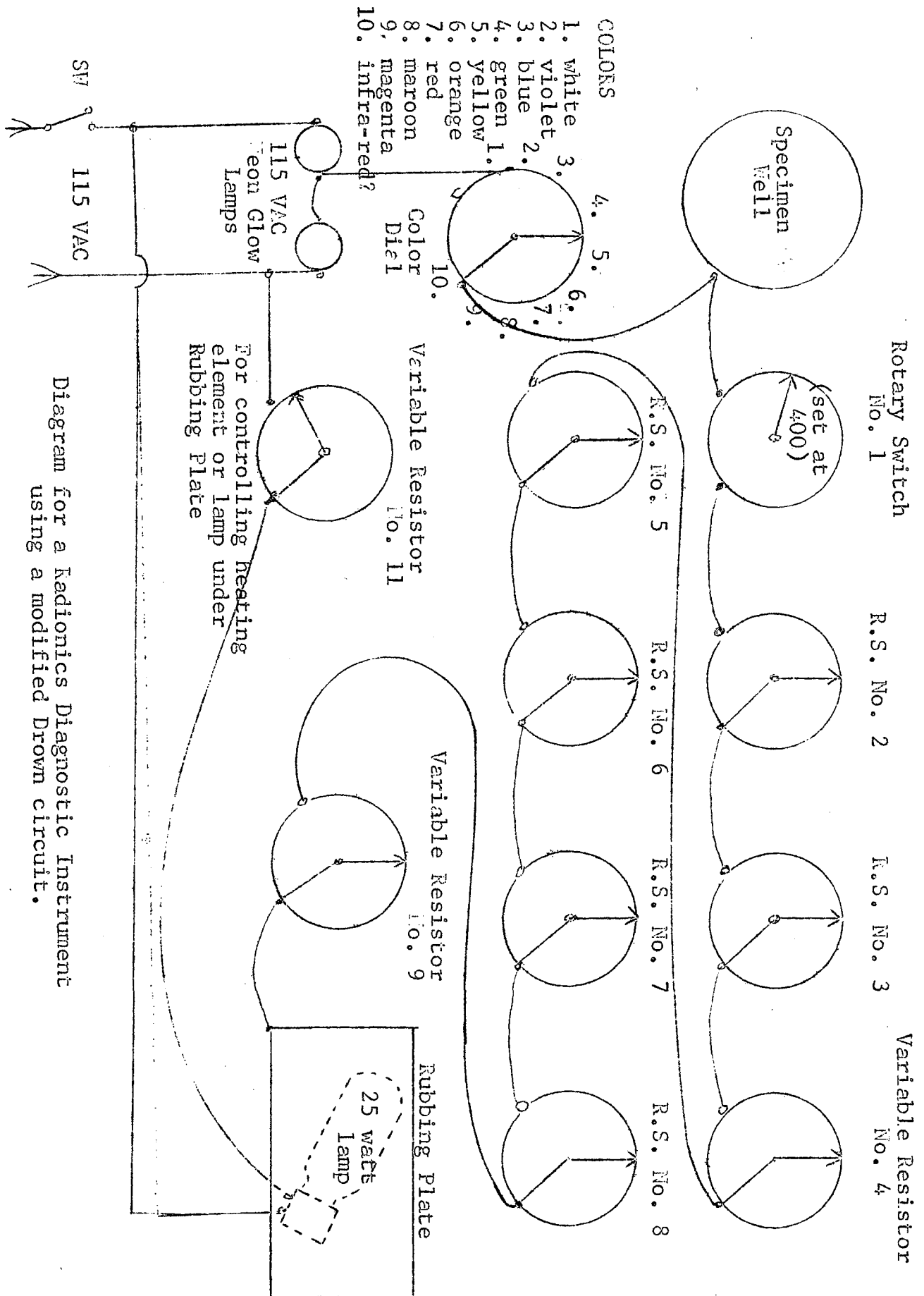
1. Reflecting Ether
2. Light Ether
3. Life Ether
4. Chemical Ether
5. Gases
6. Liquids
7. Solids

Theosophy

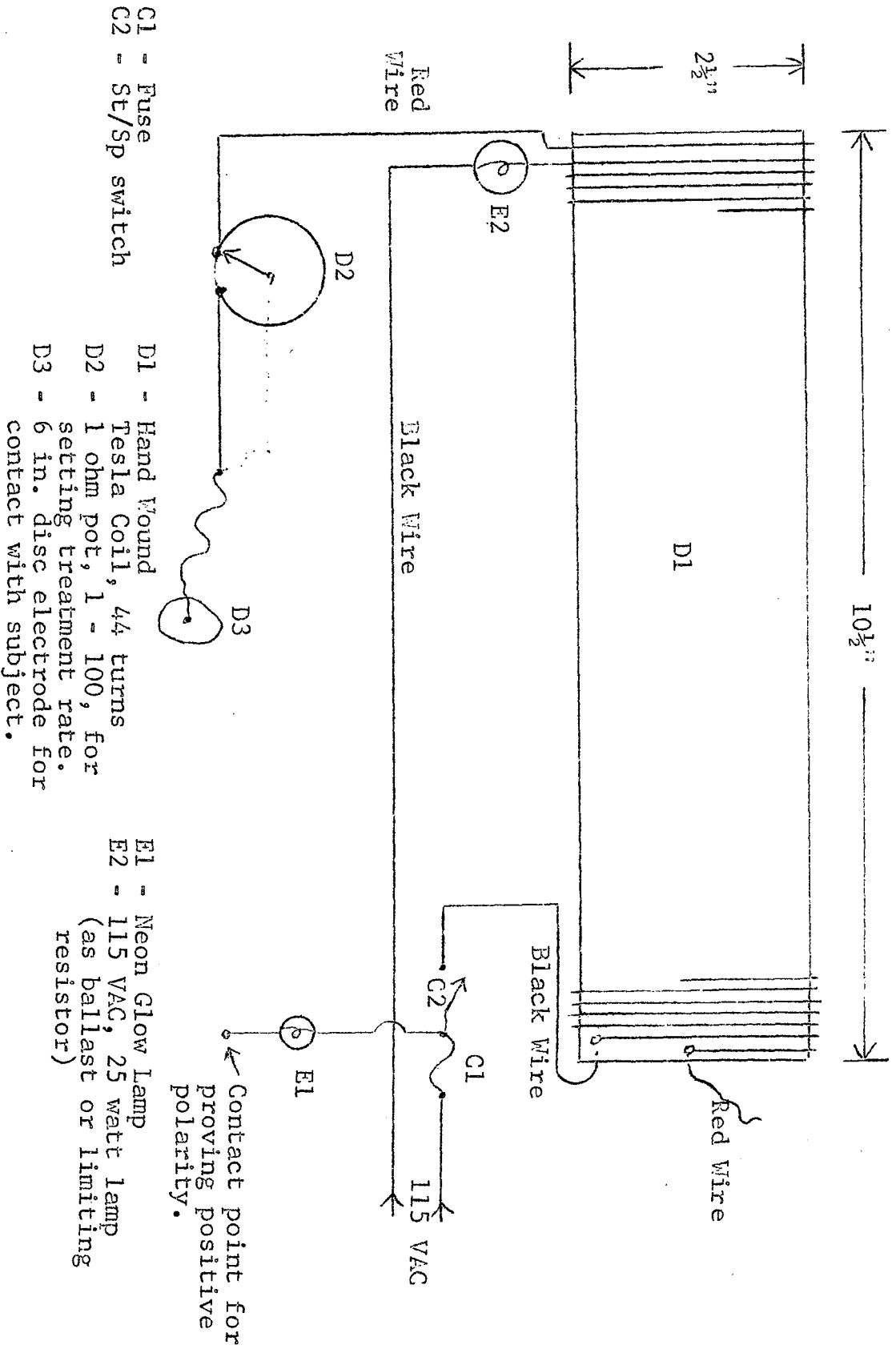
1. Atomic
2. Sub-Atomic
3. Super-Etheric
4. Etheric
5. Gases
6. Liquids
7. Solids

Manly Hall

1. Mental or Intellectual Ether
2. Emotional or Psychical Ether
3. Functional or Vital Ether
4. Physical or Chemical Ether
5. Gases
6. Liquids
7. Solids



RADIONICS TREATMENT INSTRUMENT



RADIONICS TREATMENT INSTRUMENT

This device is designed to apply the treatment rate determined by the radionics diagnostic instrument. It is powered with 115VAC house current, but as the subject receives only the resonating, 60-cycles waves by inductance through matching coils, no measurable or feelable current goes through him. The subject acts as the ground or load for the secondary coil, through the capacitance and inductance of his own body and aura, or living magnetic fields.

The theory is that the resonating magnetic waves from the secondary coil set up a standing wave against the corresponding disease pattern or wave in the subject's body, finally overcoming it, and re-establishing a balanced or healthy wave-pattern. Some people have proven this to their satisfaction. Others have not, perhaps because they had no real desire to get well. Remember the admonition of the Healing Christ, "As a man thinketh in his heart, so is he!"

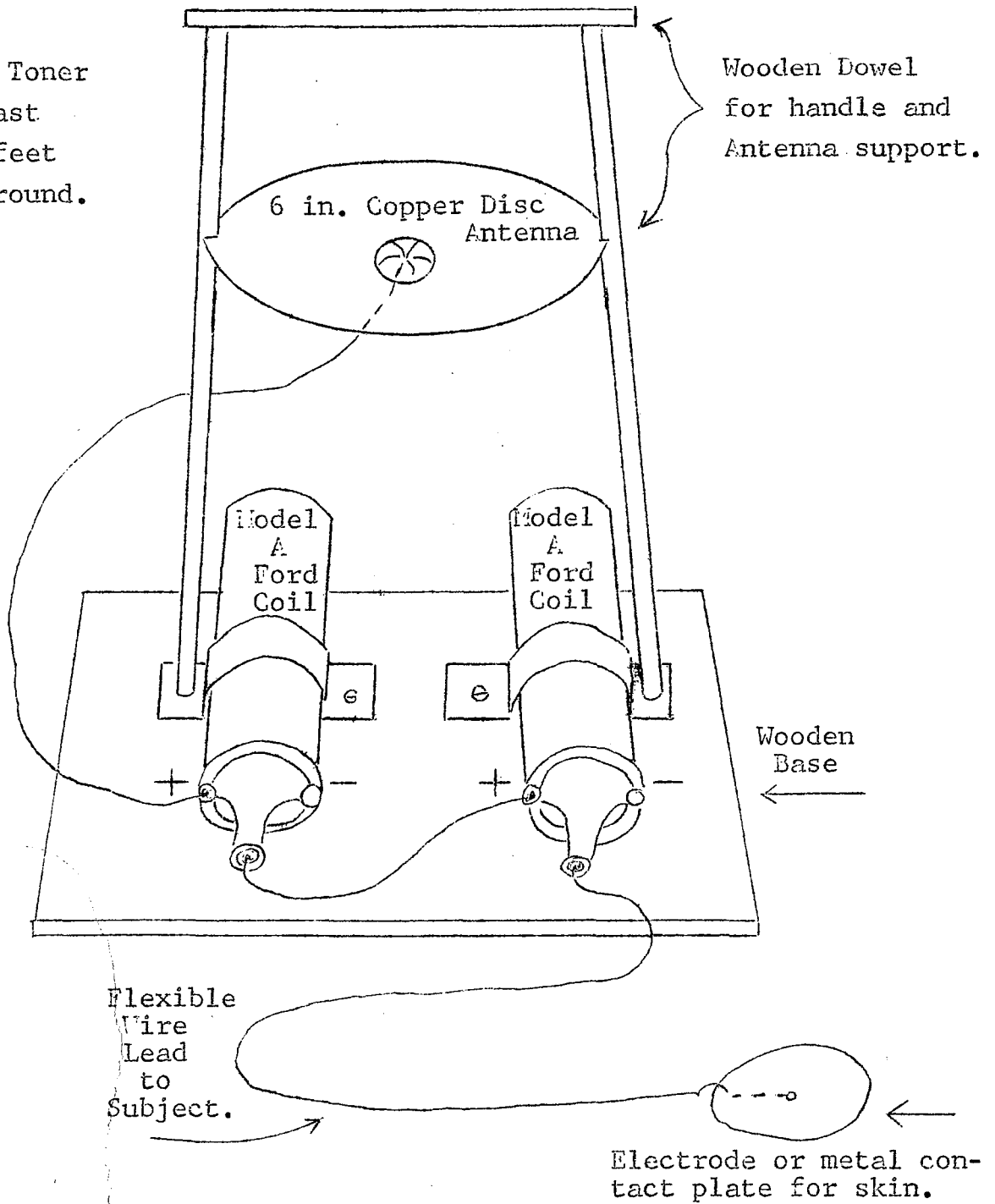
It is highly important that the wall plug for the power supply be plugged in so the front side of the primary coil gets the positive current or connection, as marked in the schematic. This can be determined by the Neon Glow Lamp. After plugging the device into the wall outlet, clip a ground wire to a water pipe or other ground and touch the other end to the contact point for the Glow Lamp. If the lamp glows, this proves the plug is in right for bringing positive current to the front side of the primary coil. If the lamp does not glow, reverse the points of the plug in the wall outlet and try again. To save unnecessary repetition of the test, mark both plug and wall outlet so the right side can always be plugged in.

The primary and secondary coils are wound simultaneously on a cardboard or plastic tube, $2\frac{1}{2}$ O.D. by $10\frac{1}{2}$ in. long. No. 18 or 20 insulated copper wire will do, color coded so you can readily distinguish between the two coils. 44 turns is about right, exact number not critical. There should be no bare wire contact or connection between the primary and secondary coils!

The electrode for putting the subject in circuit is a flat metal disc four or five inches in diameter. This is hooked up to the center tap of the one-ohm potentiometer or variable resistor. The dial of the "pot" should read from 1 through 100. The setting is made at the treatment rate determined on the diagnostic instrument, and left there while the subject is in circuit, say five, 10 or 15 minutes. The start/stop switch can be an automatic timer if desired. Actually, the whole being of the subject responds to the pressure of the 60-cycle waves but if he has a specific ailment and knows it, treatment will probably be more convincing if the electrode is placed over the affected spot. A large voltmeter, easily visible to him and indicating the flow of some kind of current, will also help to convince the subject that something is being done for him.

THE RAINBOW TONER

Place Toner
at least
five feet
off ground.



THE ZODIAC RAINBOW TONER

The theory is that Healing Color Rays from the 12 constellations of the Zodiac, coming from all directions of the compass are picked up by the 360 degree antenna, concentrated and funneled down the copper wire attached to the dimpled recess in the center of the antenna. From there it is stepped or augmented as it passes through two Model A Ford Coils before being absorbed by the body through the metal plate electrode.

Referring to the diagram you will see that the wire lead from the antenna goes into the plus side of the Model A coil. The cosmic current is drawn off the center tap of the first coil and into the plus side of coil number two. The augmented current is then drawn off the center tap of coil number two through a long, flexible, insulated wire lead to the body of the subject.

The Rainbow Toner doesn't seem to be effective as a device for changing or balancing unbalanced conditions in the body unless it is placed at least five feet above the ground, to a height where the cosmic rays are not polarized or neutralized by the earth. So, if the device is used on the ground floor, there should be a long lead from coil number two to body-contact plate, with the device high above on a shelf.

A larger diameter antenna and more Model A coils do not seem to increase the effectiveness of this borderland gadget. There is no measurable electricity flowing in this circuit -- at least not measurable on standard equipment -- so there's no use arguing with anyone about it! And with no standard current going through the coils it's debatable whether anything is being stepped up. Certainly, according to electronic principles, coil two will not step up whatever current is coming out of coil one because the two coils are identical; but the volume of coiled wire in the circuit may in some way unknown to us at present increase or augment the "amperage". In any event the pragmatic test is the only way to prove, or disprove, its effectiveness.

It should be obvious to the researcher that the Rainbor Toner is a universal treatment device, equally applicable to any and all conditions. But there are those who prefer a "rifle" to a "shotgun" and the Radionic Treatment Instrument does have more direct and specific application. The difficulty is that the treatment rates for a specific silment change from day to day as the treatment is effective! This is why the Toner was developed.

And this is why no Treatment Rates were included in the Atlas when this work was first released. Now it has been decided to add the Rates developed years ago by the designer of the Instrument, because it has been found by experience that these fixed rates do help in many cases.

It is far better to do something than to do nothing! Also, many researchers find they have not the skill to build and operate a diagnostic instrument effectively, but they can build and use the treatment instrument; so the original Rates have been included in the final column of figures on the right in the Atlas.

A WATER SOFTENER?.

Our builder of the Rainbow Toner was called to a chicken ranch to discover why half the chickens were droopy and listless. With his radionics instrument he determined that the sick birds were suffering from a common source of infection, strep. The ranch water seemed to be the source of the strep bug that was bothering the chickens but not the humans. Strep had apparently gotten into the huge, open-roofed water storage tank. The radionist decided to kill the bacteria and change the polarity of the water from negative to positive by connecting it to the sky.

On a short pole attached to the roof of the tank he placed a 24 inch square copper plate in a horizontal position. He depressed or dimpled the copper plate at the center with a ball peen hammer, drilled a hole through it and attached a long, bare copper lead wire. This was dropped down into the water, long enough to reach all the way to the bottom. Two Model A Ford coils were in series in the circuit to step it up.

The color treatment was effective for in a few days the chickens were back to good health. There were also a couple of side effects which are of interest to borderlanders and students of metaphysics.

PERFUMED MANURE

After the polarity change in the water the ranch owner was surprised to note a lessening in the number of flies around the chicken cages. The manure stacks didn't seem to attract them like they had before.

The ranch owner's wife wanted to know what the hell that borderland nut had done to the house's water supply. Soap suds were flooding out of the laundry machine all across the kitchen floor! She hadn't changed the kind or quantity of soap she was using. The change must have been in the water!

By experience and experiment the radionist found that the larger size copper plate did not increase the effectiveness of the Rainbow Tone device; so he went back to the original six inch round disc. Apparently wave lengths of three inches or less are most effective in this area of research. He also discovered by trial and error that the device won't work unless the antenna is at least five feet or more above the ground. There has to be at least this much difference between the "earth and the sky" for polarity changes to be affected -- or current flow if you like.

Another noteworthy case was a man who had been suffering gnawing pains in his stomach for years. Allopathic medicine had failed to help him. The radionics instrument indicated stomach worms. He was told to take the Rainbow Toner home with him, and lie down for two hours with the contact plate at the end of the lead wire resting on his bare belly. Then he was to take a strong laxative, one and a half times the amount he usually took. In the strong bowel movement that followed he passed half a dozen live worms several inches long.

At present orthodox medical science has no way of determining the presence of live, parasitic organisms of this kind in the body. Yet under the theory of radiant energy all living organisms must have a characteristic rate, expressable in numbers, whatever the scale chosen. A skilled and competent radionist can discover that rate, whether the subject organism is inside or outside another body, and this without the surgery of an exploratory operation or drilling holes in living cells with hard X-rays.

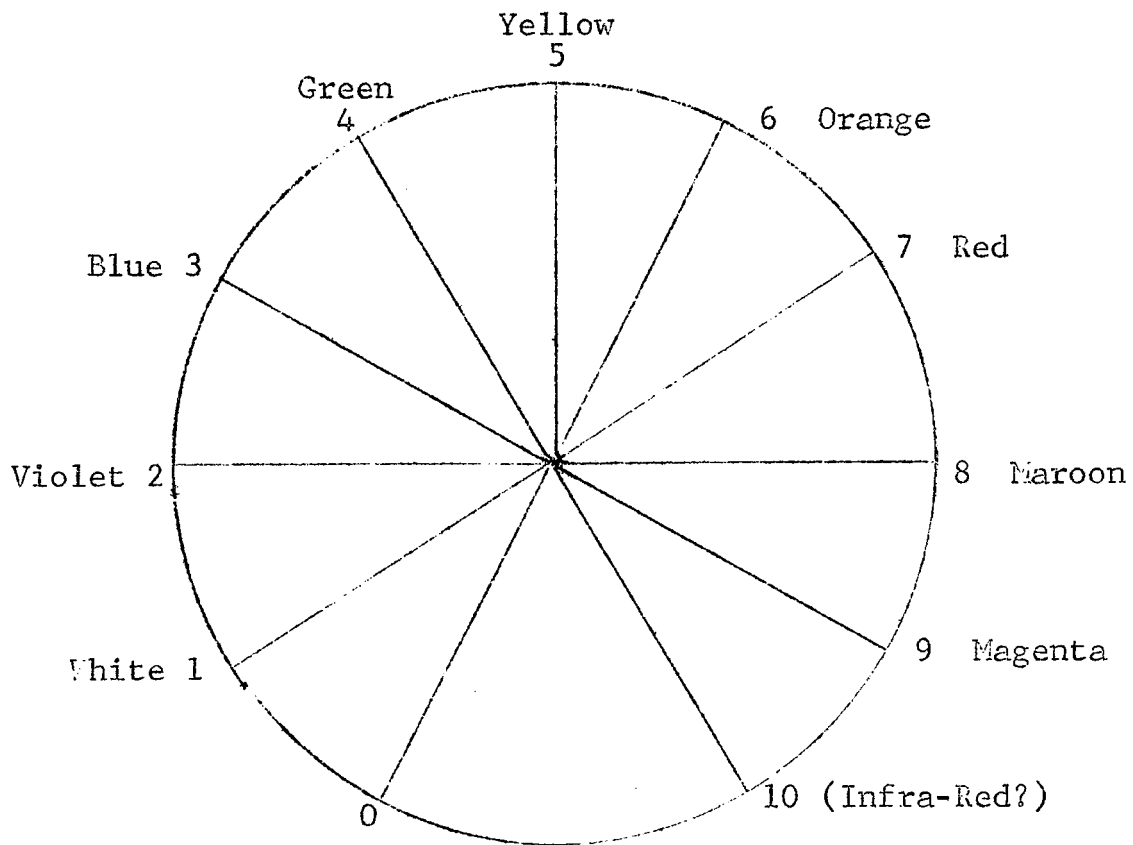
ATLAS

of Diagnostic Rates and Treatment Rates

These are for the Modified Drown Radionics Diagnostic Instrument and the Treatment Instrument described in the beginning of Part II. Remember, these rates are not transferable to other types of equipment discussed in Part I. The diagnostic rate is made up of three groups of numbers and a letter (or number) for the Color Dial. The last group of numbers is for treatment.

THE COLOR DIAL

(The theory of the Rainbow Toner is that the copper disc antenna brings in this complete spectrum of colors, from all points of the compass in space.)



READY REFERENCE SHORT LIST

Diagnostic Rates

Acid----- 475--14--M--78

Alkaline ----- 474-- 3--V--27

Allergy ----- 479--14--M--13

Arthritis ----- 478--16--G--67

Bladder ----- 480--52--W--37

Blood-Sugar ----- 477--27--R--74

Bombs,----- 476--52--Y--86
A & Hydrogen

Bronchial Tube -- 478--35--W--38

Bronchiecthes --- 476--22--45--77

C.A.V. ----- 478--45--Y--77

C.A.V. ----- 478--48--G--57

Catarrh ----- 478-- 3--R--17

" ----- 477--80--R--26

Catarrh Mucous --- 476--22--R--78

Calcium ----- 475--25--G--37

Colon ----- 480--52--W--27

Duodenum ----- 480--52--W--22

Diabetes ----- 477--12--Y--12

Eggs ----- 477--37--G--39

Eustachean Tube -- 477--32--G--55

Flukes ----- 477--16--G--24

Heart ----- 476--52--W--33

Influenza ----- 478--36--R--20

Diagnostic Rates

Kidney ----- 476--52--W--23

Liver ----- 481--82--W--38

Lung ----- 476--52--W--76 rt.

Lung ----- 476--52--W--77 lft.

Lues (Syphillis) 478--24--G--55

Muscles ----- 467--13--W--68

Muscular Distrophy 478--17--W--73

Multiple Sclerosis 481--29--W--68

Nerves ----- 473--35--O--55

Neuritis ----- 487--15--W--68

Neuralgia ----- 476--23--G--37

Pancreas ----- 482--35--W-- 9

Prostate ----- 476--52--W-- 5

Spleen ----- 487--17--W--13

Stomach ----- 476--52--W--32

Strep ----- 478--37--G--60

Staph ----- 478--15--9--97

Sinus ----- 477--29--G--87

Toxins ----- 476--22--R--57

Trichinosis ---- 477--35--G--32
(Pork)

Thyroid ----- 483--40--W-- 6

Uterus ----- 476--52--W--34

<u>REGULAR CONDITIONS</u>	<u>DIAG. RATE</u>	<u>TREAT RATE</u>
A Bomb -----	478--14--R--78	85
Abortion -----	478--25--W-- ?	75
Abcess -----	477--25--W--67	55
Acidosis -----	475--14--M--78	40
Acid, Acetic -----	474--18--V-- ?	43
Acid, HCL -----	477--63--M-- 3	45
Acid, Sulphur -----	476--22--M--26	43-45
Acid, Phos. -----	475--34--M-- 7	43-45
Acid, Uric -----	476-- 8--V-- 8	43-45
Acid, Oxolic -----	476--14--M-- 4	43-45
Acid, Acidophylus -----	477-- 2--B--67	53
Acne -----	476--36--R-- 7	39-40
" -----	478--13--G--89	39-40
Adrenalin Itis -----	477--23--W--79	65
Adrenalin -----	481--37--G--45	40
Adenoid -----	478-- 8--V--16	35
" -----	478--24--R--36	45-46
" -----	478--18--G--90	40
Adhesions -----	478--25--Y--51	55
" -----	478--25--Y-- 9	80
Albinuria -----	478--11--O--37	53
Alcohol -----	477--40--Y-- 3	30
" -----	477-- 4--V-- 3	30
Alkalinity -----	474-- 3--V--27	19-20
Allergy -----	479--14--M--13	90
Alopecia -----	475--42--O--41	10
" -----	478--27--G--83	40-41

Aluminum	-----	476--54--45--36	60-69
"	-----	476--49--R--36	65-67
Amoeba	-----	477--41--0--28	25
"	-----	478--41--0--28	24-25
"	-----	477--26--M--23	90-91
"	-----	478--31--V--23	13
Anacin	-----	477--4--Y--23	40
Anemia	-----	475--25--Y--57	75
Angina Pect.	-----	478--41--G--58	70
"	-----	478--57--Y--76	95
"	-----	478--56--R--65	70
Angle Worms	-----	458--64--55--16	60
Anus	-----	478--35--R--77	50
Anti-Biotic	-----	428--40--R--87	56
Appendicitis	-----	478--20--Y--28	75
Argyrol	-----	475--35--G--34	25
Arterio Scler.	-----	478--12--M--13	80
Arteries	-----	478--25--W--62	70
Arthritis	-----	478--16--G--67	69
"	-----	476--22--M--31	37-40
"	-----	476--37--R--38	37
" Strep.	-----	478--16--G--67	83-85
Arsenic	-----	475--12--Y--64	11
Aspirin	-----	476--22--Y--23	39-40
"	-----	476--68--V--23	38-40
Ascites	-----	476--17--W--87	63

Asthma -----	473--26--M--83	70
" -----	478--53--Y--57	55
" -----	477--51--R--70	60
Astral Surgery -----	478--20--R--89	64
Astral Energy -----	488--25--R--87	55
Atnesia -----	476--17--R--78	50
Athlete Foot -----	477--22--R--81	20
" "	475--22--R--68	55-77
" "	477--22--Y--55	70
Aureomycin -----	478--40--Y-- 5	49-50
Bangs Dis. -----	477--25--B-- 4	24
" -----	477-- 4--B-- ?	59
Bangs Virus -----	477--37--B-- 4	70
Bee Sting -----	478--22--M--20	30-31
Bile -----	476--64--Y--58	35
" -----	474--64--G--14	70
Black Widow -----	477--22--B--15	45
Bladder -----	480--52--W--37	50
" Sphincter -----	477--19--W--88	49
Blood, Man Human -----	477--22--R--49	25
" Man -----	480-75--R--77	30
" Pressure -----	476--52--Y--86	50
" Red -----	477--22--R--49	85
" Sugar -----	477--27--R--74	52
" Uterine -----	476-- 7--R--97	50

Blood, Vitality	477-- 7--R--49	Magnet
" "	477-- 7--R--35	Normal
" White	485--20--B--60	58
Boils	478--28--Y--12	48
Bone Marrow	475--25--Y--57	48
" "	478--31--B--56	98
" "	477--22--Y--24	55
Brain	480--52--W--81	?
" Tumor	478--81--Y--25	70
" "	478--33--Y--94	50
" "	475--50--Y--81	90
Brights Disease	478-- 3--Y--50	60
Bursitis	477--19--W--86	65
Bunion	476-- 5--R--68	50

CANCER ----- Virus

" Virus	478--45--Y--77	100
" Disease	478--48--Y--77	50
" Toxins	478--12--Y--36	43
" Toxins	478--22--G--68	43
" Skin	478--28--Y--57	45
" Metal	478--18--Y-- ?	52
" Cause	478--48--G--57	90
" Pain	478--48--38--67	45
" Meta Static	480--36--G--56	70
" Death Cell	480--12--Y--54	50
" Gas	480-- 4--B--57	50

CANCER (continued) ----Virus

"	Cause -----	480--36--C--57	90
"	Virus Tox. -----	478--24--R--57	70
"	" " -----	476--48--R--78	40
"	Pain -----	480--16--W--57	70
"	Disease -----	480--12--Y--58	100
Calcium -----	475--25--G--37	85	
Calculi, Renal -----	475--25--G--20	87	
" "	-----	475--22--Y--23	45
" "	-----	475--22--Y--36	95
Capillaries -----	476--52--O--86	58	
Carbon -----	476--60--Y--?	59	
Cataracht (Lues) -----	475--51--Y--78	39	
Catarrh -----	478-- 3--R--17	90	
" -----	477--80--R--26	39-81	
" Mucous -----	476--22--R--78	55	
Cell Death -----	476--14--Y--54	45	
Cervix -----	476--90--W--75	57	
Ceycum -----	417--20--G--88	62	
Chicken pox -----	477--39--G--40	40-89	
" "	-----	477--40--G--?	9-40
Chocolate -----	478--40--R--76	57	
Chlorene -----	476--52--O--89	21	
Chloromycin -----	476--70--B--67	40	
Cholesterin -----	476-- 5--G--78	57	
" -----	477--29--G-- 6	40-96	

Cholesterol -----	476--5--G--78	55
" -----	477--29--0--6	50
Cocaine -----	476--22--R--62	38
Codine -----	476--22--M--38	37
" -----	477--22--M--38	37
Cold Blood -----	478--36--R--49	43
Cold Liver -----	478--36--R--38	43
Cold Stomach -----	478--36--R--32	43-45
Coli Bact. -----	478--50--W--44	60
" " -----	477--85--B--89	74
" " -----	477--84--B--44	23-73
" " Gas -----	475--15--V--31	42
" " " -----	475--84--B--11	70
" " Mucous -----	475--14--G--46	53
Colisepsis -----	478--57--B--50	52
" Heredit -----	478--5--B--42	50
" -----	478--5--G--44	55
Colitis -----	476--50--B--15	68
Colon -----	480--52--W--27	50-68
" Fungus -----	477--4--R--2	56-58
" Ulcer -----	478--13--R--15	20
Concussion -----	468--28--R--77	55
Congestion -----	451--20--R--42	43
Conjunctivitis -----	477--22--R--52	43-83
Copper -----	476--37--R--69	60
Cortisone -----	478--12--65--76	63
Constipation -----	478--52--Y--64	62

Coronary Thrombosis	----- 477--50--W--77	50
Cramps	----- 474--20--R--52	70
Crude Oil	----- 476--24--R--15	20
Cyst	----- 468--18--R--88	54
Cyanide	----- 479--24--R--32	71
Cystitis	----- 478--16--55--77	47
Cystic Ovary	----- 475--22--V--5	26
" "	----- 480--26--W--5	26
" "	----- 478--14--M--19	40-90
Dandruff	----- 476--22--M--95	29
"	----- 478--36--O--68	80
DDT	----- 473-- 8--G--25	90
Dead Tissue	----- 476--14--M--54	35
Deafness	----- 478--23--G--24	30
Degeneration	----- 478-- 3--Y--58	30
"	----- 478--30--B--58	70
Dermatitis	----- 478--30--B--83	90
Diabetes	----- 477--12--Y--12	60
" Insip.	----- 477--29--O--38	70
" Pancreat.	----- 477--34--O--33	20
Diaphragm	----- 480--52--W--64	34
Digestive Tr.	----- 476--52--W--38	60
Diphtheria	----- 477--51--G--50	40
" Throat	----- 478--14--B--5	25
" Intest.	----- 477--42--B--24	70
Diverticulitis	----- 468--17--W--65	60
Dysentery	----- 473--31--B--23	15

Ear	-----	478--24--G--24	90
Eczema	-----	478--39--G--24	90
"	-----	478--39--G--55	30
"	-----	478--24--G--55	90
" Weeping	-----	478--16--G--37	80
" "	-----	477--23--G--37	60
Edema	-----	478-- 5--V--80	65
Egg-Worm			
" Stomach	-----	477--37--G--31	90
" Liver	-----	477--34--G--31	92
" Pin	-----	477--37--G--31	90
" Tape Head	-----	477--37--G--31	95
" Trichinea	-----	477--37--G--32	90
Electric Shock	-----	478--11--W--78	55
Electron	-----	477--25--R--78	65
Elementals	-----	468--23--W--95	82
Elephantiasis	-----	488-- 2--B--75	95
Emotions	-----	477--25--67--88	100
Emphysema	-----	458--26--55--78	70
Empirim Comp.	-----	477--22--R--47	45
Encephalitis	-----	487--24--Y--25	65
" Margic-Fly	-----	478--12--B--38	70
Endocarditis	-----	478--50--B--38	65
Entities	-----	488--10--W--78	70
Epilepsy	-----	477--35--G--32	90
"	-----	478--57--Y--81	95
Epithelioma	-----	478--23--B--35	50
"	-----	478--23--B--35	70
Ergot	-----	476--44--?--47	75
Erysipelas	-----	478--16--G--50	90
Esophagus	-----	475--25--O--67	85
Eustachian Tube	-----	456--26--G--78	40
Eyes	-----	489--38--G--90	50
" Gran. Lids	-----	476--42--R--58	35
" Artery	-----	467--12--W--60	45

Fallopian Tubes	457--22--W--77	30
Fat	473--15--Y--25	60
Fear	457--49--W--66	60
Fecal Impact	476--60--R--22	60
Ferrum	477--13--G--?	55
Fertilizer	487--25--82--77	50
Fever, Plain	474--22--4--15	90
" Hay	477--28--R--73	25
" Rheumatic	478--12--5--57	55
" Scarlet	478--27--M--38	35
" Undulant	477--25--B--4	25
Fibroid	478--23--Y--51	95
Fibrosis	478--27--Y--77	80
"	478--25--Y--77	89
"	467--20--R--68	75
Fissure	478--52--B--82	90
Fistula	475--20--W--76	60
Flourine	453--48--W--87	85
Flu	478--36--M--20	70
Flukes Liver	477--16--G--24	95
" "	477--37--G--31	90
Fly Larva	477--37--G--31	90
Fungus Coli	477--14--R--12	50
" "	480--28--G--12	50
" "	477--22--R--22	80
Fusiforms	478--34--Y--55	91
Gall Bladder	483--23--W--35	72
" Stones	475--26--G--54	85
" "	475--26--G--42	95
" "	475--14--G--59	86
" "	474--23--M--44	82
Gangrene	475--54--Y--53	78
" Gas	475--85--B--31	75
" "	477--7--51--66	78
" Toxins	475--58--B--?	77
Gas Bact.	477--22--R--83	70
Gelatin	476--43--R--41	65

Gland Lymph -----	481-- 3--V--57	70
Gland Thalamus -----	478--22--R--88	75
(Hormone Regulator)		
Glass -----	477--35--W--31	55
Glyco-Lact Acid -----	477--14--G--38	50
Glycoma -----	477--45--V--57	40
Goitre -----	478--30--G--18	92
Goitre Fibroid -----	478--27--Y--77	53
Goitre Reduces -----	487-- 5--W--47	50
Gold -----	479--92--G--56	52
Gonads -----	476-- 8--Y--87	75
Gonadothrope -----	477--29--V--72	60
Gonococcus -----	478--22--G--22	79
Gout -----	476-- 8--Y--87	92
Gums -----	473--12--W--80	
Hair Balds -----	478--17--R--79	75
Harmone Adrenal -----	483--10--I--57	40
" Ant. Pit -----	483--71--V--66	61
" Hepatic -----	483--40--V--79	70
" Lymph -----	483--36--V--?	65
" Master (Thalamus) -----	483--42--I--86	68
" Ovary -----	483--30--R--50	57
" Pancreas -----	482--30--I--50	55
" Parathyroid -----	482--37--?--74	62
" Spleen -----	483--36--V--70	60
" Thyroid -----	483--27--Y--89	70
Hay Fever -----	477--28--R--75	45
" " -----	476--32--R--14	45
HBP -----	478--12--M--13	42
HCL -----	477--80--V--62	35
" -----	477--80--M--62	20
Headache -----	475--50--W--25	80
Heartburn -----	478--52--W--89	65
Heart -----	476--52--W--33	75
" Cardio-Vascul. -----	476--52--W--13	65
Hemoglobin -----	477--22--R--49	72
Hemorrhoids -----	476--22--M--24	73
Hemorrhage -----	467--19--W--79	65
Hepatitis -----	478--32--R--62	67

Hernia	-----	477--63--M--	3	44
Herpes Stomach	-----	478--36--B--	32	71
" Eruptions	-----	478--36--R--	78	67
Hives	-----	476--14--M--	42	45
Hiccough	-----	478--72--Y--	42	100
Hodgkinson's disease	-----	476--27--W--	68	80
Hysteria	-----	478--18--W--	76	83
Hypotension	-----	476--30--R--	68	82
Illeo-Ceacel	-----	478--8--W--	75	49
Illium	-----	480--52--W--	23	51
Impactions	-----	475--60--R--	22	70
"	-----	475--13--B--	22	68
Impetigo	-----	478--36--G--	22	20
Inflamation	-----	478--20--Y--	50	59
Infantile, Spine	-----	478--37--G--	60	21
Influenza	-----	478--36--R--	20	68
Iron	-----	477--27--B--	45	80
Isle os Langerhan	-----	478--10--R--	41	63
Itch	-----	476--22--B--	36	35
" Fimgis	-----	477--40--?	67	55
Ivy Poison	-----	478--22--M--	49	42
Jaundice	-----	478--25--Y--	51	89
Jejunum	-----	480--52--W--	22	52
Joints	-----	457--10--W--	87	39
Kidney Left	-----	476--52--W--	78	75
" Right	-----	476--52--W--	78	78
" Stones	-----	475--25--G--	20	85
" "	-----	475--24--G--	20	50

Laetrile -----	467-- 3--W--82	70
Langerhans Islane -----	478--10--O--41	52
Larynx -----	468--14--W--58	45
" -----	468--18--65--78	48
Lead -----	474--30--52--57	51
" -----	474--42--62--33	49
Leprosy -----	478--27--R--38	59
" -----	478--27--G--48	64
" Toxins -----	477--27--G--48	65
Leukemia -----	478-- 7--Y--97	75
Leucorrhea -----	476--22--R--52	64
" -----	478--12--G--23	80
Lincoln -----	477--36--W--69	70
Liver -----	481--82--W--38	68
" Worms -----	477--16--G--24	95
" " Eggs -----	477--37--G--31	93
Locomot, Ataxis -----	479--40--R--78	75
Lues -----	478--24--G--55	42
" Hereditary -----	478--13--Y--57	88
Lumbago -----	475--14--G--66	75
" -----	478--23--G--24	88
Lungs, Left -----	476--52--W--77	49
" right -----	476--52--W--76	51
Lymph, Glands -----	481-- 3--V--57	35
" , Syst. -----	475-- 4--W--54	55
" , Syst. -----	476--53--W--54	59
Malaria -----	478--23--B--13	55
" -----	478--23--G--32	25
" -----	478--23--61--23	70
" -----	478--23-- 6--69	45
Mammary Gl. Pus -----	478-- 6--R--34	45
" " " -----	478--22--R--36	47
Mastoid -----	477--13--W--74	95
Master Gl. (Thalamus) -----	478--22--R--88	75
McTernan - Weed -----	476--12--R--86	80

Measles	-----	478--36--Y--63	60
"	-----	477--34--O--78	65
"	-----	478--35--G--42	25
"	-----	477--34--G--78	80
Meningitis	-----	478--13--G--13	80
" Coccyx	-----	478--18--B--13	55
"	-----	477--14--G--67	82
Menopause	-----	482--19--75--67	83
Menorhogia	-----	477--42--R--72	90
Menstrual Dist.	-----	477--18--R--40	75
Mercury	-----	479--56--G--55	90
Messentary	-----	487--35--57--78	83
Metastasis Cav.	-----	478--15--R--85	100
Migraine	-----	477--35--G--32	95
Mononeucleosus	-----	478-- 5--R--85	91
Monoxyde Gas	-----	475--22--O--38	32
Mucous	-----	476--22--R--67	70
"	-----	475--71--B--68	85
" Calitis	-----	476--50--G--55	72
Multipl. Sclero	-----	481--29--W--68	84
Mumps	-----	478--22--G--18	41
"	-----	478--22--G--42	49
"	-----	478-- 9--R--46	78
Muscles (sore)	-----	467--13--W--68	55
Muscular Dyst.	-----	478--17--W--73	69
Necrosis	-----	476--20--M--27	39
Nemotodes	-----	477--64--G--37	92
Nerve Pressure	-----	476--40--W--40	50
" Shock	-----	477--50--Y--87	95
Nervoudness	-----	473--35--O--55	54
Neuresthenia	-----	476--28--62-- 3	55
"	-----	478--26--65--75	40
Neuritis	-----	477--15--W--68	32
Neuralgis	-----	476--23--G--37	38
Nickle	-----	475-- 5--Y--42	50
Nicotine	-----	477--64--O--23	24
Nightshade	-----	476--22--V--44	55
Novacaine	-----	476--21--W--27	70

Obsession	-----	466--66--R--49	53
Oil Crude	-----	476--24--R--15	49
Orchitis	-----	478--15--M--64	85
Orange Juice	-----	477--35--W--78	89
Osteomeyelites	-----	478--32--W--71	78
Ovary	-----	476--52--W--5	75
Ovarian Cyst (L)	-----	475--22--V--57	25
" " (R)	-----	475--22--V--57	24
Oxygen	-----	478--20--R--34	74
Pain	-----	478--14--45--20	20
Pancreas	-----	482--35--W--9	51
Papaloma	-----	477--28--W--55	42
Parasites Bean	-----	477--27--B--33	58
Parasitosis	-----	480--32--G--32	95
Paralysis	-----	477--52--W--30	54
Parathion & Malathion	-----	478--32--R--57	58
Parathyroid	-----	488--61--W--3	51
"	-----	477--40--R--58	65
"	-----	477--22--R--80	80
Paresis	-----	477--62--W--30	52
Parkinson's Dis.	-----	487--20--Y--79	55
Parrot Fever	-----	477--21--W--85	74
Pathogenic Bact.	-----	478--85--B--42	55
Pennicillin	-----	478--22--W--16	64
Periosteum	-----	473--22--W--66	72
Peritoneum	-----	462--30--W--85	75
Pharynx	-----	458--14--55--68	60
Phenobarb	-----	477--22--M--26	35
Phenol	-----	477--48--Y--26	33
Phlebitis	-----	487--12--R--71	55
Phos. Acid	-----	478--75--Y--84	61
Phrenic Nerve	-----	477--35--R--67	58
Piles	-----	477--27--R--40	15
Pilonidal Disease	-----	482--6--R--70	100
Pin Eggs	-----	477--33--G--31	90
" Worms	-----	477--33--G--18	85

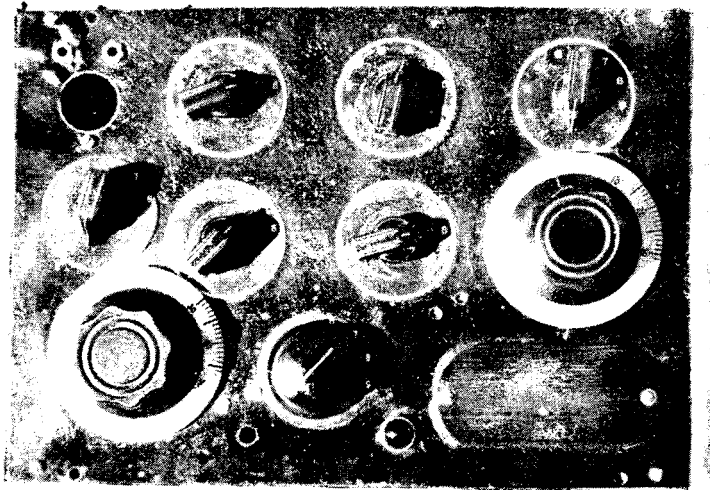
Pineal Gl. -----	482--40--W--3	50
Pituitary -----	485--20--W--6	52
" -----	477--27--W--78	46
Plastic -----	478--15--W--78	61
" -----	477--17--W--5	59
Pleura -----	478--41--W--68	75
Pneumonia No. 1 -----	487--37--W--99	34
" -----No. 2 -----	487--27--W--99	35
" -----No. 3 -----	487--23--M--49	85
Poison, General -----	476--22--R--57	52
" Ivy or Oak -----	478--22--M--49	48
Polpi -----	478--18--M--56	91
Polio Myelitis -----	478--13--R--94	88
Potassium Bis. -----	474--36--M--44	80
Pregnancy -----	480--32--W--34	74
" -----	479--52--G--49	78
Pregnancy Egg -----	475--40--O--56	75
" Sperm -----	477--52--B--62	78
Pregnancy Female -----	476--52--W--14	70
" Male -----	476--52--17	75
Prostate -----	476--52--W--5	75
Proton -----	482--22--W--87	78
Prolapses -----	477--55--M--28	54
Psora. Leper -----	478--15--R--87	82
" (TB) -----	478--27--R--49	45
" Toxin -----	478--15--G--78	52
Psychic Surgery -----	478--20--R--89	95
" Neurosis -----	458--12--R--88	69
Psychosis -----	478--40--W--78	32
Ptomaine -----	477--45--G--67	20
" -----	477--45--G--56	28
" -----	477--52--G--56	35
" Food -----	478--22--I--32	65
Pus -----	475--3--Y--12	41
Pygenic Bact. -----	478--10--R--36	52
" Vaginal -----	478--6--R--36	55
Pylorus -----	487--26--W--85	64
Pyocemia -----	478--27--G--60	78
Pyorrhea -----	478--55--Y--55	89
Pyrrhea -----	478--41--R--56	71

Quinine -----	478--28--W--72	85
" Fever -----	477--25--Y--38	74
Rabies -----	478--28--W--72	75
Radium -----	478--25--G--20	10
Rectal Prolapse -----	476--52--W--75	60
Rectal Worms -----	477--23--G--31	92
" " -----	477--37--G--31	93
Rectum -----	480--52--W--31	26
Red Blood -----	477--22--R--49	81
Renal Calculi -----	477--22--Y--33	94
" " -----	475--25--G--20	87
" " -----	476--26--G--43	94
Rheumatic Fever -----	478--42--R--89	39-90
Ring Worm -----	477--37--G--40	96
" " -----	477--22--R--55	40
Rubiola (Measles) -----	478--36--Y--53	56-61
Sacro-iliac -----	468--12--62--87	79
Sarcoma Virus -----		60
" -----	478--25--Y--38	55
" -----	478--25--Y--95	95
" -----	478--25--Y--51	70
" -----	478--23--B--58	70
" -----	478--23--O--58	59
" -----	476--25--Y--58	71
" -----	478--22--B--38	?
Scar Tissue -----	478--25--Y--51	39
Scarlet Fever -----	478--27--M--32	23
" " -----	477--30--52--8	51
Scarlitene -----	478--29--R--8	62
Sciatica -----	476--39--W--46	25
Sclerosis, Liver -----	476--40--Y--55	44
Senility -----	456--23--W--89	100
Septisemia -----	479--30--G--12	45
Shingles -----	478--27--M--32	23
" -----	478--41--G--25	28

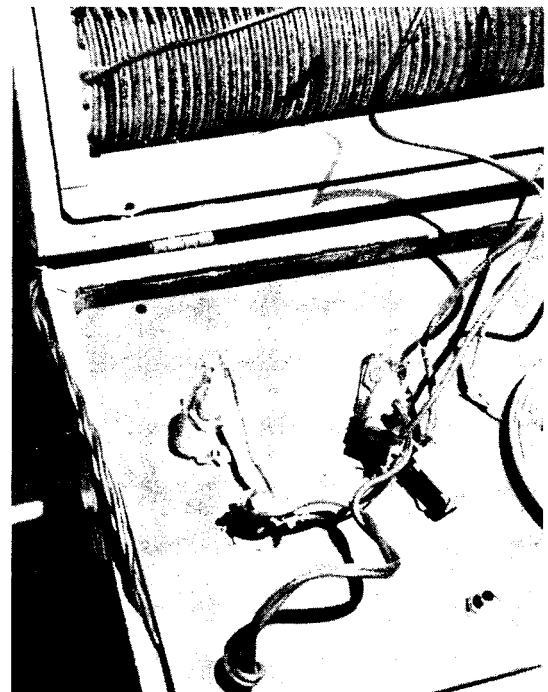
Shock -----	468--15--R--18	41
Signoid -----	485--21--R--77	74
Silicon Deficient -----	478--12--O--14	53
Silver -----	477--26--V--32	35
" -----	476--92--Y--58	42
Sinous Membrane -----	483--25--R--76	43
Sinus -----	477--29--W--87	30
Skin -----	484--19--W--56	22
Sleeping Sickness -----	427--28--O--88	68
Slug, Snail -----	476--22--W--22	62
Space Rhythm (Ether) -----	475-- 2--46--65	70
Spermatoza -----	477--52--B--62	63
Spider B. Widow -----	477--22--B--15	43
Spinal Cord -----	476--14--37--78	74
" Fluid -----	478--21--G--67	33
Spirakete Gums -----	478--41--R--56	42
" Reformagens -----	478--23--G--56	59
Spleen -----	487--17--W--13	34
Staph. Aureus -----	478-- 7--M--43	92
" " -----	478--70--M--96	84
" Citrus -----	478-- 6--M--96	45
" " -----	478--60--R--43	43
Staphage Lysate, Type III --- (Lincoln Tr.)	477--20--W--87	75
Stomach -----	476--52--W--32	32
" Worms -----	477--64--G--32	91
" " Eggs -----	477--37--G--31	93
Strontium 90 -----	478-- 6--R--88	83
Strep -----	478--37--G--60	23
" Arthritis -----	478--16--G--67	44
" " -----	478--14--G--67	65
Stroke -----	476--24--W--67	58
Sugar Blood -----	477--27--R--74	21
" Diabetes -----	477--12--Y--12	62
Sulphys. -----	475--40--51--23	56
" Thya. -----	475--40--G--23	73
Sulphur -----	476--35--Y--46	58
Sulph. Acid -----	476--22--R--32	33
Suprenal Gl. -----	484--35--W--10	43
Syphylis Acq. -----	478--24--G--55	56
" " -----	478--24--G--56	57
" Heredity -----	478--13--Y--57	61
" " -----	478--24--M--57	45
" Crypt. Gen. -----	478--24--G--45	70
" Bov. Bangs -----	477--45--E--4	68

Tape Worm -----	477--36--G--33	97
" " -----	477--35--G--32	95
" " Eggs -----	477--31--G--31	93
T.B. -----	478--15--M--42	57
Teeth -----	477--45--W--47	75
Tendons -----	477--11--W--87	52
Testes -----	467--13--W--43	38
Tetanus -----	476--37--G--62	62
Thalamus -----	478--22--70--88	72
Throat -----	447--35--R--75	50
Thrombus -----	451--30--R--66	45
Thymus -----	476--52--W--4	30
Thyroid -----	483--40--W--6	25
" Para. -----	484--61--W--3	22
Thyroxin -----	476--26--R--66	45
Tin -----	477--30--M--35	30
Ticks -----	477--37--R--37	27
Tissue Degenerates -----	478--30--Y--37	45
Tongue -----	477--22--Y--47	73
Tonsilitis -----	478--80--R--46	68
Toxins -----	476--22--R--57	52
Trachea -----	487--30--9--89	79
Trench-mouth -----	478--34--Y--55	45
" " -----	478--41--M--55	21
Trichinosis -----	477--35--G--32	96
" Eggs -----	477--37--G--31	93
Trichomonas -----	478--20--W--83	62
Tumor -----	478--25--Y--81	59
Turbinate bone -----	478--20--45--73	36
Turpentine -----	473--26--7--77	40
Typhoid -----	478--35--V--83	66
" -----	478--40--V--27	76
" -----	478--35--M--83	45
Ulcers Bladder -----	476--14--74	70
" Colon -----	478--13--R--15	22
" Gast. -----	478--55--M--62	20
" Throat -----	447--35--R--75	58
" Urethra -----	468--15--W--42	25
Uduleut Fever -----	477--25--B--4	24
Urethra -----	476--43--W--66	55
Urea -----	477--56--G--43	50
Uremic Poison -----	477--42--G--43	34
Uric Acid -----	477--28--R--83	80
" " -----	478--80--M--85	78
Uterus -----	476--52--W--34	52

Vaccine -----	477--40--B--78	55
Vaccinia -----	475--51--G--Y--56	31
Vaginal Bact. -----	478--3--R--33	92
Varicoses -----	457--40--W--57	73
Veins -----	468--25--W--88	48
Vertigo -----	479--42--W--59	33
Vitaligo -----	488--42--75--74	100
Vitamin B -----	481--42--R--37	42
Vocal cords -----	416--30--4--57	37
" " -----	436--12--B--67	59
" Tonsil -----	416--20--W--65	47
Water-melon Spray -----	476--22--B--23	32-34
Warts -----	478--80--V--75	45
Wax, Ear -----	476--14--B--?	32
Welch, Bact. -----	477--70--Y--60	79
" " -----	478--41--R--25	75
" " -----	477--60--B--66	64
Weeping eczema -----	478--16--G--37	62
Whiskey -----	475--30--V--Y--5	76
White Blood -----	485--10--V--?	74
Whooping Cough -----	478--41--Y--25	82
" " -----	478--53--B--32	48
" " -----	478--60--B--50	71
Worms, Liver -----	478--16--G--24	94
" " Fly -----	478--16--G--26	59
" Nematodes -----	477--54--G--37	40-93
" Liver -----	477--17--G--34	40-90
" Pin -----	477--33--G--18	90
" " -----	477--12--G--18	40-93
" Rectal -----	477--23--G--31	92
" " -----	477--8--G--36	90
" Ring -----	477--37--G--40	81-96
" Stomach -----	477--64--G--32	40-91
" Tape -----	477--36--G--33	91-95
" Tape Head -----	477--36--G--32	95
" Trichinosis -----	477--35--G--32	96
" " Eggs -----	477--37--G--31	93
" Vaginal -----	478--26--V--34	29
X-Ray Burn -----	475--24--M--17	43
" " -----	480--36--Y--72	40
Zinc -----	476--24--R--42	30-90
Zip -----	477--23--R--32	20-82



Diagnostic Instrument Panel



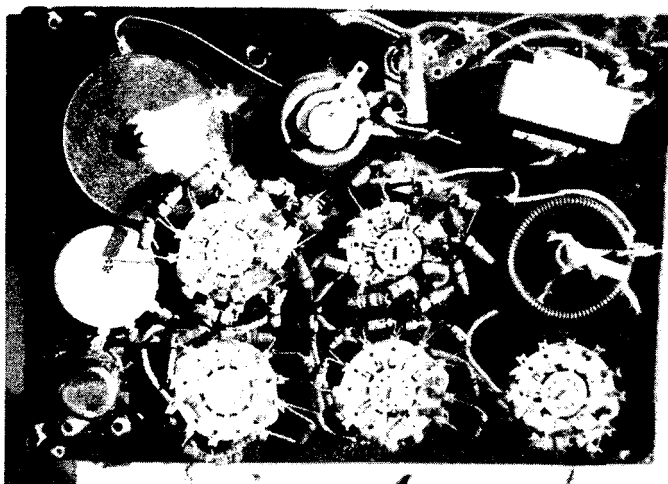
Treatment Instrument, Inside



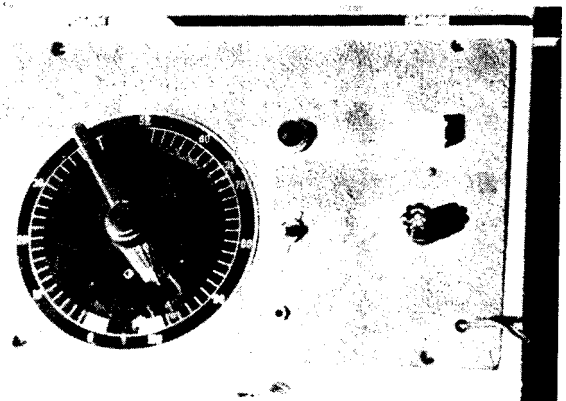
Dr. Leonard Chapman

Diagnostic Instrument from below

AT ABOVE LEFT, is the instrument panel of Dr. Chapman's diagnostic machine. Upper left corner is the specimen well. Lower right is the rosewood rubbing plate. The doctor himself was over 80 years old at the time of the interviews in 1968. LOWER LEFT is the bottom or inside view of the diagnostic instrument showing the rotary switches, rheostats and specimen well. ABOVE RIGHT, the treatment machine opened to show the coil, neon light, fuse, switch and part of the home-made 1-ohm rheostat. BELOW is view of the treatment instrument from above.



Treatment Instrument Panel



PART III

Interviews with Dr. Leonard Chapman On the Operation and Use of Radionic Equipment

Crabb: Have you heard of Aloe Vera?

Chap: Yes.

Crabb: Can you make a reading on that with Radionics?

Chap: Yes, the rate will do the same thing that the plant will do. The plant gives off radiations. We can duplicate those radiations with our equipment.

Crabb: So if you wanted to treat anyone with Aloe Vera, you could just treat them with the rate.

Chap: Yes. Take the radiation from an atom bomb. I have a rate for that, for radiation sickness. First I diagnose it in the patient's system. If it is there, and you set the harmonic rate on the dial of the treatment machine and connect it to the patient, then the radiation isn't there, at all.

Crabb: You neutralize it?

Chap: You neutralize it.

Crabb: That may be for the time being, but what if it comes back?

Chap: That brings in the question, what is a cure, anyway? You have a cold now and get over it. A month or so later you have a cold again. Is that the same cold, or was the original one cured?

Crabb: Yeah.

Chap: So, it depends on what a cure is.

Crabb: I would say that if a person has physical damage to his body, and the damage is healed, that would be a cure.

Chap: Just so it functions again.

Crabb: What about chronic conditions? Or suppose an illness is caused by a bad social situation in the home, one which cannot be changed -- an unhappy marriage, a domineering mother, a brutal father -- a constant restimulation of a complex which results in illness or disease --

Chap: A person might have. In medicine we call that a re-infection. As long as the person stays in the same situation that caused the original trouble, he's likely to get it or have it again.

Crabb: You mentioned that Dr. Ruth Drown worked for Dr. Abrams as a secretary and that's how she got interested in radionics.

Chap: Oh, yes.

Crabb: She was his secretary when he began to develop it?

Chap: No, after he had started. She was with him for as long as he was developing E.R.A. The Electronic Reactions of Abrams. Then after he got it pretty well developed, she went back up there to San Francisco. She was his secretary off and on.

Crabb: That was back in the 1920s?

Chap: Yes, early 20s. He died in 1924.

Crabb: Then you met her there when you were learning radionics from Dr. Abrams yourself?

Chap: No, she had already taken the course and was using the Abrams equipment when I went there to study. She had her own office.

Crabb: Did she use an intermediary, a Reagent, such as Abrams was using? Rubbing his bare belly with a rubber rod?

Chap: Oh, yes. But later she developed her own way of diagnosis. She was working with other doctors, and teaching. I took her course and used her diagnostic instrument. But she would never tell me how to get a treating rate. I had to depend on her for them all the time.

Crabb: She wouldn't reveal the secret?

Chap: No. I had to send the blood sample to her, and wait for her to tell me what treating rate to use on her machine!

Crabb: Then how did you learn to develop the treating rate, by shifting to someone else's equipment?

Chap: I had to change to other radionics equipment. There were eight or ten of us doctors met about once a week. We exchanged information, conducted research. I understand that in later years, in her classes, Dr. Drown did teach students how to develop treating rates.

Crabb: She always wanted to be considered a doctor, didn't she, a real M.D?

Chap: Yes.

Crabb: But the medical profession never quite accepted her.

Chap: No, sir! They fought Dr. Drown to a finish. They were afraid of her! She had something they never had, and couldn't get! They offered her all kinds of money if she would give them a monopoly of her machines, so they could get \$2,500 a case -- for some of the cancer cases -- and she wouldn't do it! Let me tell you of the doctor who developed the Eucalyptus oil treatment -- he was a good friend of mine. He would put five drops of that pure eucalyptus oil on a lump of sugar, give it to a diphtheria patient, and have him cured in eight hours!

Crabb: Take it internally?

Chap: Dissolve it in the mouth. This man was the only man in the world who knew how to make pure eucalyptus oil! The AMA offered him \$10,000 for his secret, but the agreement was that he -- Dr. Herron was his name -- that he or his name wasn't to be connected with it in any way. He told them to go jump in the lake. He made two million dollars off of different products that were developed from that.

Crabb: The doctors broke Abrams' heart. Didn't his original treatment machine have one fixed rate, a make-and-break device called the Pathoclast or Oscilloclast?

Chap: That produced a general rate. That was good for everything. But the doctors who followed him didn't want to stick to that fixed rate because every disease has its own frequency. If it didn't you couldn't diagnose and be paid for it! All diseases would have the same rate.

Dr. Abrams told us that we would have to carry on his research. The time would come when we wouldn't have to rub a fellow's belly with a rubber rod to diagnose. He said, "I don't want to go into all the detailed work. I've shown you the way; you fellows will have to carry on."

Crabb: Was it Dr. Drown who came up with the idea of the rubbing plate on the diagnostic machine to eliminate the Reagent, the guy with the bare belly?

Chap: I'm not so sure, but I think Dr. Drown was the one. She came out with the idea. But it seemed that not everyone could use their fingers that way. It was much more universal to use that rubber rod -- on the Reagent.

Crabb: What you are dealing with here is a static charge on the surface of the rubber rod, or the rubbing plate, isn't it?

Chap: That's right. You can also get it from high tension wires overhead. There's always a certain amount of leakage of current coming in to the ground.

Crabb: I believe brush discharge is another name for it. Did you ever see the Radio Vision pictures Dr. Drown made of the interior of the body?

Chap: Yes, she could take a drop of blood, from a patient in Canada, and make a picture of their stomach in her lab in Hollywood. She could make a picture cross-section of any organ of the body.

Crabb: Could any of the other radionics doctors do that?

Chap: No. That was one thing she had the others didn't.

Crabb: Do you think this ability in her was mediumistic?

Chap: Yes, I do, though I don't really know how they were made.

Crabb: I call it skotography. The mind precipitates an image on the photographic paper without using a camera. Then the print

paper is removed from its protective black paper envelope in the dark room and exposed for a second or two in white light, then put in the developer to see what images have been precipitated or "materialized" in the chemical coating of the paper. In her case the skotographs were fantastic, the best I've ever seen! Of course she would have been horrified at the idea of being called a medium. Her work with Radio Vision, in her estimation, was strictly scientific! But I think spirit doctors on the other side of the Veil precipitated the images. She just furnished the ectoplasm.

Chap: I think she had Divine guidance in her work; so did Abrams.

Crabb: When Mrs. Crabb and I visited her at her Hollywood laboratory in 1960, we learned from her that she had lost the power to make Radio Vision pictures of internal organs and conditions and she didn't know why.

Chap: That brings to mind that there are certain laws and regulations governing these spiritual things, and if you cant comply with those laws you lose the power!

Crabb: Much of her pioneering work in radionics was inspired and guided by the Master Morya -- so she told us. This information was as much a surprise to her as it was to us! At the time he revealed his presence to her she had never heard of him and knew nothing of Theosophy or his influence in the founding and overshadowing of that Society. The idea that this Master would be directly concerned with scientific developments in the healing field was a surprise to me, as he is a Master of Masters on the First Ray of Will or Power. But this was one of Dr. Drown's outstanding characteristics as a pioneer, a trail-blazer, in radionics.

COLDS AND OTHER SIGNS OF CONGESTION

Chap: There are two kinds of congestion, active congestion and passive congestion. Active congestion is one that is caused by an over-supply of blood. That is arterial; but if it is blocked and cant get out of there, where the veins all stand out, that passive congestion or venous.

Crabb: That's what must happen to people who retire. For instance, a woman who has raised a big family, requiring a big output of energy over the years. Suddenly they are all grown and gone. What is she going to do with this excess of energy? The same with a businessman who retires, and isn't carrying that big load of responsibility any more. Their systems are bound to be congested with unexpended energy.

Chap: This is why so many of them dont live more than a year or two after they quit. Nature says, well, what are we keeping you here for!

Crabb: They dont have a good reason for living any more. In radionics, Doc, do you take into account the possibility that the disease may be karmic, a carryover from a previous life?

Chap: Outside of diagnosing the actual symptoms in the body? No, I don't think so. We do recognize that one person can make another sick by being angry or broadcasting some other negative emotion. I've seen babies suffer this way. The mother gets angry just before nursing her baby, and the baby has spasms. The baby was poisoned by the mother's milk. I've been called on cases where the baby had terrific colic. I'd ask the mother if she hadn't been under emotional stress, angry, or something. Oh, yes, yes, she did get angry at her husband.

Crabb: Did you tell her then that was the cause of the baby's colic?

Chap: Yes.

Crabb: What was her reaction to that?

Chap: She would take it with a grain of salt. If it was some other mother, yes, she would agree to the idea; but she wouldn't accept her responsibility for the baby's condition.

Crabb: That's the problem in treating disease, isn't it, to get the person to accept the responsibility for his suffering.

Chap: Yes, and I think emotion is one of the big causes of disease.

Crabb: When you bring up these deeper causes of disease, in the mind and the emotions, do you meet with resistance?

Chap: People won't accept them. They won't accept them! A few will tolerate such suggestions. They will listen a little; but as for doing anything about it, no. Jesus said to the people of his day, "Ye are not able to bear this." He could tell them what the law was; but they wouldn't accept it; and we are in the same position today.

Crabb: Well how did you make out with people in diagnosing with this radionics equipment?

Chap: They want to get well; that's all they are concerned about.

Crabb: So whatever techniques you use, they're okay as long as they get results.

Chap: Absolutely.

Crabb: So you just set them down, hook them up to the equipment and start diagnosing.

Chap: Yes, and they'll harmonize with you, if you don't go too far. You just kind of explain to them what you are doing. That's fine because they're getting attention. They begin to feel a little better. They come back for more.

Crabb: Once you have diagnosed them and developed a treatment rate, and put them on the treatment machine, do you back that up with something more physical, like placebos or homeopathic pills?

Chap: It depends on the patient. They do have to have something material. You can't get away from that. They've got to have

a pill! They live by their five senses and they cant let loose of them. With the diagnostic machine I can prove, right before their eyes, that a homeopathic pill, for their condition, takes that condition away. I put some of the pills in the well of the machine. Then they can hear the squeak from my fingers, on the rubbing plate, go away. You can tell by this machine whether any medicine is going to do them any good, before they take it! If the remedy does not neutralize or counteract the condition as shown on the machine, they can take a barrel of it and it wont do them any good.

Crabb: You demonstrated that that was the pill which would help them.

Chap: Demonstrated, right before their eyes.

Crabb: Then the homeopathic remedies go with this radionic equipment.

Chap: Yes, it is wonderful. Crude medicine -- what we doctors call ethical drugs -- while you can test it out on this machine -- it wont be nearly as effective as the potentized homeopathic remedies. This is because the frequency of the medicine or remedy has been raised, by potentizing. But homeopathic doctors didnt really know what they were doing until radionics practitioners told them they were "raising the frequency".

Crabb: As an occult scientist and Doctor of Metaphysics I would say that potentizing lifts the physical medicine or remedy into the etheric realms, where it can effect the etheric double or body directly. Is the Hahnemann Hospital in Philadelphia still teaching Homeopathy?

Chap: Yes, it is. It's the only hospital in the United States that still does teach it.

COLOR TREATMENT

Crabb: There is a Color Dial on this modified Drown instrument, I notice. Do you use color therapy in your practice?

Chap: When I am treating patients with my hands, giving adjustments as an osteopath, I think of certain colors.

Crabb: Are you familiar with the color principles developed by Dr. S. Pancoast after a study of the Kabala? He was curing just about everything with only colored light, in Philadelphia a hundred years ago. I have his book, "Blue and Red Light", in which he says that Red is warm and Blue is cool.

Chap: Yes, I think along those lines. Blue is very quieting, where there is pain. But there is no established and accepted data on color therapy today. All colors are present, everywhere, but in any given situation, or organ in the body, one color is predominant.

Crabb: But if disease is present in the organ, the color balance is disturbed.

Chap: Definitely. If the predominant color of an organ is blue, when it is healthy; when it is sick, the predominant color might be red.

Crabb: Now when you establish a treatment rate on the diagnostic machine would you try to put blue back in that organ?

Chap: Blue, or violet, or something on that order. We have the radionics rates for the colors.

Crabb: Then once you establish a treatment rate, you could check back in the Atlas of rates and find out what color it was.

Chap: Yes, that's right.

Crabb: Have you ever thought of backing up or augmenting a treatment rate by also shining the indicated color on the patient?

Chap: I have used blue light. It is wonderful for lessening pain. Shine it directly on the bare skin of the affected area or limb. The ordinary white bulb is slower but you can get an effect from it.

Crabb: You must have known of the color therapy work of Dr. George Starr White in Los Angeles in the early 1900s.

Chap: He went into it much more deeply than anyone else I know of.

Crabb: White found that an off-and-on or pulsing color light was more beneficial than one that burned steadily.

Chap: An electric current is more stimulating if it is a make-and-break --

Crabb: Like Dr. Abrams' oscilloclast?

Chap: Yes. I knew Dr. Starr White. He came to my office many times. We worked together a little.

Crabb: Was he interested in radionics?

Chap: No, he developed his own methods and equipment. He tried drawing healing electric currents off trees and shrubs. He would put patient and tree in circuit with each other. He preferred working with vegetation rather than experiment on animals. Each physio-therapist puts out his own system of color therapy, and they don't all agree.

DIAGNOSING A CASE

Crabb: I have here a hand-written letter from an Associate. I don't have any idea what her ailments are -- if any -- but I thought you might do a demonstration diagnosis on her for me.

Chap: The signature is all that is really necessary for contact, but it seems to be stronger if written with pencil.

Crabb: Why is that?

Chap: Probably because a person has to press harder in writing with a pencil. More energy is put into it. We'll fold up the letter and put it in the specimen well of the machine.

Crabb: Why are you waving that pencil around, over and through the dials?

Chap: This is a little bar magnet. It neutralizes the vibrations of the previous diagnosis.

Crabb: So the one wont pollute the other -- magnetic cleanliness! Do you do this every time you make a new diagnosis?

Chap: I think the operator should, especially if someone else has been handling the equipment. You cant get an accurate diagnosis from mixed vibrations! You say you have have no idea what might be wrong with this person?

Crabb: I have no idea. She has some pretty deeply buried grudges from childhood -- abuse and neglect from her parents. They favored the boys in the old country.

Chap: Let's try her liver first, after I clean the rubbing plate.

Crabb: Smells like oil of cloves. Is that a neutralizer too?

Chap: I put a drop or two on the rubbing plate and wipe it off, to neutralize and also to clean off any perspiration or oil that gets on it from my fingers. Will you read off the diagnostic rate for the liver?

Crabb: It is 481 - 82 - W - 38.

Chap: (Th almost immediate sound of sticky resistance from the rubbing plate.) She's got trouble. Any idea how old she is?

Crabb: In her seventies.

Chap: The tuning dial stopped at 22. She's got 22 points of liver congestion. Does she have a treatment machine there?

Crabb: No.

Chap: I could work out a treatment rate.

Crabb: How do you do that?

Chap: I just turn this same tuning dial on up from 22 past 50. Then, when I feel resistance or shtick on the rubbing plate again, that is the treatment rate for my equipment. (Squeak, squeak) 75. See it there?

Crabb: That's the treatment rate for her liver, the harmonic.

Chap: That's the harmonic that will neutralize the condition. Any indication in her letter of what's bothering her?

Crabb: No, she never told us why she went to Tijuana for treatment, except that she was very, very tired.

Chap: See those initials there on the Ready Reference List, C.A.V. Let's try that.

Crabb: 478 - 45 - Y - 77.

Chap: (Adjusts the dials and rubs. Soon there is the sound of shtick.) She's got four points -- of cancer virus.

Crabb: I see you have two different rates on that.

Chap: Only one comes in. . . Let's try Strep and Staph.

Crabb: Strep. The rate is 478 - 37 - G - 60.

Chap: She doesn't have any Strep infection. Let's try Staph.

Crabb: 478 - 15 - 9 - 97.

Chap: (Sound of shtick) I never saw a case of cancer in my life that didn't have Staph back of it. Filth. The Staph virus. That's her main trouble. She has 17 points; that's quite a lot. I wouldn't know what to tell you to do for it. Let's try another cancer rate.

Crabb: Isn't there a Staphylococcus homeopathic remedy?

Chap: Yes, one could be made, and if we had it here we could check its neutralizing power against her disease. Let's try another cancer rate.

Crabb: Which one?

Chap: All of them!

Crabb: Oh, I see -- to tell which virus it is?

Chap: There are a lot of varieties of cancer.

Crabb: Here is a Cause rate. What would Cause rate indicate?

Chap: Well, I don't know.

Crabb: Should we try toxins? 478 - 12 - Y - 36.

Chap: (Tries for shtick) No, that one doesn't come in.

Crabb: Let's try metals. 478 - 18 - Y - 00.

Chap: (Tries for shtick) No, that doesn't come in either.

Crabb: Let's try virus toxin. 478 - 24 - R - 57.

Chap: That's one she has, too. Virus toxin. That goes along with the Staph.

Crabb: How many points does she have of that?

Chap: The same, 17.

Crabb: I notice they have two different rates here.

Chap: Well, only one will come in.

Crabb: We have a little more information.

Chap: No two cases are just the same. Unless she gives you some of the peculiarities of her case, of what was wrong. We could check on her along that line. If it was her stomach or her heart -- could be her bladder --

Crabb: My guess is that it is the lower part of her body. For women what do you try?

Chap: The uterus.

Crabb: The rate is 476 - 52 - W - 34.

Chap: (Trys for shtick) No, it doesn't come in.

Crabb: Let's try the stomach, right above that. The only difference in the rate is the last number, 32.

Chap: (Strong squeak of shtick) There it is.

Crabb: She is a very heavy eater.

Chap: The stomach is off 15 points. If she goes to Tijuana for treatment, we might check her again and see if it is effective. It should decrease, so long as she takes treatment. Can you think of anything else we might check her for?

Crabb: Well, we might try the colon or the duodenum. Which one?

Chap: Both of them!

Crabb: The duodenum rate is 480 - 52 - W - 22.

Chap: No shtick. We'll turn to 27. That's the colon. (Squeak) Oh, oh, we get 14 points. Let's try the rectum. You'll have to look under R for that rate.

Crabb: The rate is 480 - 52 - W - 31.

Chap: (No shtick) No. Let's try this. (He clips a wire lead to the metal well on the diagnostic instrument, gives the other end, with a metal clip on it, to Crabb, and has Crabb use this clip as a pointer, moving it slowly over the drawing of a female figure. The doctor rubs the plate for resistance. It finally happens while the pointer is over the abdominal area.) It's in the region of the appendix. Let's try the appendix, under A.

Crabb: 478 - 20 - Y - 28.

Chap: (Sound of shtick) She's got some appendicitis, all right. Now, let's see how she is standing up under senility.

Crabb: 456 - 23 - W - 89.

Chap: (No shtick) For her age, she is holding up well.

Crabb: She is remarkably strong and alert.

DIAGNOSIS FOR SINUS

Crabb: This is Feb. 16, 1968, Saturday, and what we are trying to do this time is find out what homeopathic remedy might be suitable for my chronic sinus trouble. Had it since earliest childhood. I see here in the Atlas rates, Doc, that you have both sinus and catarrh listed.

Chap: We have rates for both.

Crabb: First of all you cleanse the rubbing plate with Oil of Cloves.

Chap: Now call the sinus number.

Crabb: 477 - 29 - G (for green) - 87.

Chap: It comes in. You've got quite a little. 18 points.

Crabb: I should have! All my life! I'll write it down.

Chap: Put a dash after that and we'll get the treating rate -- in case you take treatment. (He moves the dial from 18 on up above 50 on the 1 to 100 scale, continually rubbing the plate. He stops when his ear and finger tell him there is shtick.) 80, that's the treating rate. Let's take catarrh.

Crabb: I'll write that down. . . The catarrh rate is 478-3-R-17.

Chap: It doesn't come in. Let's try mucous catarrh.

Crabb: 476 - 22 - R - 78. Quite a different rate.

Chap: (The squeak of shtick) That's five points.

Crabb: Five points isn't a lot, anyhow.

Chap: (Having moved the tuning dial up into the treatment range.) That's a hundred.

Crabb: There's another catarrh rate here. I don't know what it's for. 477 - 80 - R - 26.

Chap: (Squeak of shtick) That comes in strong, about 10 points. And 60 is the treatment rate.

Crabb: Now you are clipping that probe on the well of the machine, and I am still connected to it with this electrode.

Chap: We have the last catarrh rate on the machine. I have a list of remedies here --

Crabb: And you are going to check to see which remedy will neutralize or counteract my condition.

Chap: (He points the probe at a list of remedies in a little book, one at a time while rubbing the plate. There is shtick.) Boy, that No. 9 does it, too!

Crabb: Does that refer to a number nine homeopathic remedy?

Chap: That is a number that I have given I have given a sinus remedy.

Crabb: Now the machine is set on that last rate we've tried. We got 10 points of disease, and 60 points for a treating rate.

Chap: Yes, and now I've also identified a remedy. The next thing is to get a bottle of No. 9 pills. (He does.)

Crabb: Now you are going to put the bottle of pills in my hand and verify that it actually neutralizes my condition?

Chap: If there is no resistance when I rub the plate now (and there is none), Then this is a good remedy for you, No. 9.

Crabb: Now suppose the subject or patient isn't here and you had only a spot of dried blood on a blotter, a picture, or a signature on a letter, where would you put the bottle of remedy to be tried?

Chap: In the well of the machine or by it, or just point to it with

the probe, whatever you like. I'll put the No. 9 bottle in the well. (He takes it from Crabb, puts it in the well, rubs the plate, no shtick.) What eles did we want to check on you?

Crabb: We got 18 points of disease on that first rate we tried, sinus, you must have a remedy for that.

Chap: What is that rate again? (Put in the machine, he gets shtick.) Let's put the No. 9 remedy back in the well. We'll try that. (No shtick.) That's good for your sinus.

Crabb: But if I understand you from what you said about Homeopathy before, the remedy should be made up from the discharge from my nose, shouldn't it? On the principle of like treated by like? As developed by Hahnemann?

Chap: I can do that, yes, and have done it thousands of times, either by trituration or by percussion.

Crabb: Let's see. Trituration is the solid route. Percussion is the wet route. What is the solid substance you use to dilute the basic remedy?

Chap: Sugar of milk, lactose; and for percussion we use either alcohol or distilled water; but I've been using hundreds of "mother tinctures" for years.

Crabb: You took somebody's sinus discharge years ago --

Chap: And made up a basic formula taking it through the decimal scale of dilution. 1X is two to one. 3X is a thousand to one. This No. 9 remedy is 6X, one million to one. The discharge from a diseased organ or part of the body, herb, cell salt, or drug is put in a mortar, one part to nine parts of sugar and thoroughly ground up. One part of that solution is added to nine parts of sugar and ground up again, 2X, and so on up through 6X, 12X, or 30X, whatever the need as indicated by the diagnostic instrument.

Crabb: What about percussing?

Chap: You use the same ratio with either alcohol or distilled water, if the basic remedy can be dissolved in a liquid, one part of the remedy to nine parts of liquid, shaking vigorously a hundred times or more in a mixing bottle -- or tapping the bottle with a rubber hammer.

Crabb: But there are pills in that No. 9 bottle!

Chap: I add sugar pills to the dilute solution. It's easier for the patient to take three or four pills, night and morning, dissolved under the tongue. If we want a gentler action, over a longer period of time, one dose every three or four days is about right.

Crabb: Doesn't seem to me that a lifetime of sinus trouble is going to be cleared up in a month or two. This goes deep into the mind and the emotions. I think it started originally with the trouble between mother and dad, and my reacting emotionally to their quarreling. Do you suppose potencies

of 20X or 30X do this? Vibrate in the psychosomatic area of the mind and the emotions?

Chap: Some people think so. I haven't gone into that aspect of therapy very much because people aren't interested. Chronic conditions do take a longer time to cure. Sometimes much longer. The important thing now is we have proven with this diagnostic instrument that this remedy has the same frequency as your sinus trouble and will work to cure it. How long it will take is really up to you. We can check you again on the machine. If it indicates that higher potencies are needed, 12X or 20X to neutralize the condition as it then is, I can make them.

Crabb: To me that suggests that the 6X potency attacks the trouble at the physical-etheric level and the higher potencies go on up the scale of vibrations into emotional and mental levels, away from matter and into pure energy.

Chap: Could be. The actual dose or quantity of the dose doesn't have anything to do much in Homeopathy.

Crabb: It doesn't?

Chap: No, we always said it was the potency of the remedy, not the quantity! This is where Dr. Hahnemann began to part company with orthodox medicine when he was practicing in Germany -- over a hundred years ago. He started out prescribing the the usual drugs and remedies of his time, but found out there was too much reaction. He was poisoning people instead of helping them; so he tried reducing the dosages; and the more they were reduced the more they helped! Finally, he arrived at what he called the centesimal scale of dilution, one part or drop of Mother Tincture to ninety-nine parts spirit or alcohol. He also used the decimal scale of potentizing, one part of the drug or remedy to nine parts of spirit -- or sugar of milk, and that's the scale we use now. The dilution increases the potency and that is what it has been called all these years. Now we know, with the help of the atomic physicists, that it is the frequency that does the work; and you don't have to take a lot of it to get the frequency!

Crabb: This is what people can't understand. You have to take a lot of something to get results, and it has to be expensive.

Chap: Do you see anything else on the list you want to check?

Crabb: We might check my blood sugar. 477 - 27 - R - 4. (Some sh-tick is heard.) You are getting something.

Chap: No, that's just balance. It won't hold. It has to hold. The machine has to balance up a little. Unless it really holds, no rate comes in.

Crabb: We might try acid and alkaline. Acid is 475 0 14 - M - 78.

Chap: Don't come in. You must be alkaline.

Crabb: Alkaline is 474 - 3 - V - 27. This indicates a certain critical balance in the body doesn't it?

Chap: Yes, and preferably you should be slightly acid, not alkaline. Three or four points acid is normal. (sound of shtick) You are eight points alkaline. You are quite a little over. You wont feel right, or get right, until you get back on the acid side. Your diet has been an alkaline diet.

Crabb: What would that be?

Chap: You eat a lot of vegetables and fruit, dont you?

Crabb: Yes.

Chap: Well, ease up on that for the time being and eat more proteins -- meat and whole grains -- just for a day or two. That will put you on the acid side. Dont keep it up too long. Many people are hard to cure because they stay alkaline. A highly alkaline person is hard to get well.

Crabb: Does this mean that a straight vegetarian is highly alkaline?

Chap: Not necessarily, but the tendency is that way --

Crabb: If they eat only raw fruits and vegetables, no meat, no dairy products?

Chap: Protein has to balance the diet.

Crabb: This is why you have alkaline and acid rates on this Ready Reference Short List. These are the main ones to be checked on any patient. Is this one of the first things to check, acid-alkaline balance?

Chap: Yes, especially in regards to diet. It is hard to tell if a person is out of balance without a test.

Crabb: There are chemical tests that can be made. Litmus paper.

Chap: Nitrazine paper, for the urine test, can be gotten at any drug store. If you are depending on your symptoms to indicate whether you are acid or alkaline -- too much either way -- the symptoms are very much the same. That's the reason it's so hard to tell, without giving a test.

TELEPATHIC TUNING

Crabb: Today is Washington's birthday, Feb. 22, 1968. Doc, I've been taking the No. 9 remedy pills for six days now, four in the morning and four in the evening, as prescribed. Let's see, I had 18 points of sinus, five points of mucous, and 10 points of catarrh number two in the Atlas. Do you want the sinus rate?

Chap: Yep. (He demagnetizes the instrument with the pencil-sized bar magnet and cleans the rubbing plate with oil of cloves.)

Crabb: 477 - 29 - G - 87. Say, I'm not in tune here. I'm not hooked up to the instrument!

Chap: You are within 27 inches of it; you are close enough anyway.

Crabb: Well, our auras are overlapping, or intermingling. Telepathic transmission could easily take place.

Chap: We're getting it. You're coming in. It's important not to press any harder than I'm doing now. Just the same pressure as I rub. Now you try it.

Crabb: Oh, I can feel that. Whew! It really does come in, doesn't it?

Chap: Be sure not to change pressure, keep it uniform.

Crabb: That shticky resistance is real, isn't it!

Chap: Let's see what we have here. There's only about five points left out of that -- what was it -- 18?

Crabb: Oh, boy! Down 13 points in six days!

Chap: What was that treating rate?

Crabb: 80.

Chap: (After raising the tuning dial above 50 and getting shtick.) It still comes in at 80. No change.

Crabb: Should we check the mucous? 476-22-R-78. I had only 5 points.

Chap: It still comes in at four. What was the treating rate?

Crabb: 100.

Chap: (Getting shtick in the above-50 range) It comes in at 85 now. But you didn't take treatment on that.

Crabb: No, just the No. 9 pills. Now let's try catarrh No. 2: 477 - 80 - R - 26. I had 10 points last week.

Chap: I don't get anything at all! It must be clearing up.

Crabb: Well I'll be damned.

Chap: Did we check anything else?

Crabb: I had eight points alkaline. 474 - 3 - V - 27.

Chap: Not much there. Let's try acid.

Crabb: 475 - 14 - M - 78.

Chap: Just one or two points acid.

Crabb: Could I have shifted back and forth that quickly?

Chap: Oh, yes! A change in diet can change it in one day.

Crabb: Well, I did increase my eating of protein, as you suggested.

A CHRONIC SORE SHOULDER

Crabb: Now we have a signature off a letter from Mrs. B, of Canada. Pain in her shoulder refuses to go away. I see you are moving the little bar magnet around among the dials.

Chap: It always helps, to neutralize everything before starting a

new diagnosis; otherwise the ailments of the previous subject may be carried over and you'll get a wrong diagnosis! Let's start with arthritis.

Crabb: The arthritis rate is 478 - 16 - G - 67.

Chap: Guess I'd better clean the plate with oil of cloves.

Crabb: That's right. I touched the plate, too; and I'd better move back, out of auric touch with you.

Chap: (No shtick) I doesn't come in. No resistance.

Crabb: You thought that might keep her shoulder from healing?

Chap: That's right. Let's try rheumatic fever.

Crabb: 478 - 42 - R - 89.

Chap: (Sound of shtick) She has some rheumatic fever there. The injury has developed rheumatism.

Crabb: So this is one thing to look for if an injury doesn't clear up like it should, arthritis or rheumatic fever.

Chap: You might figure out some remedy for her. She has 18 points.

Crabb: I wonder if I could feel that, too; so as to fet a little more "feel" of the rubbing plate - - - Oh, yes, I dont have to rub hard at all! Whew! That really does come in, . . .

Chap: No, just hold the same light pressure. Now, let's go beyond that.

Crabb: The shtick went right away!

Chap: Yeah, you can feel the difference. You're a good operator on this machine and it comes easy to you. For most people it comes pretty hard.

Crabb: Of course I'm working in your aura right now, you know.

Chap: I think the trouble with most people trying to learn this is that they dont use the same pressure. When they feel the shtick coming in, they should continue using that same light pressure.

Crabb: It requires a sensitive touch. You dont really have to press hard at all, to get that gluey feeling.

Chap: No, it just comes. It's a sensation through the fingers. Positive and negative pressure.

Crabb: Here's another signature I brought along for testing and practice. I dont know that there's anything wrong with this guy. He's pretty healthy -- except that he's hyper-tensive -- go, go, go all the time.

Chap: What do you want to check him on? (He clears the instrument with magnet and oil of cloves.)

Crabb: He has a lot of tension in his neck and head area, at times.

Chap: Let's try stomach.

Crabb: All right. 476 - 52 - W - 32.

Chap: (Sound of shtick) He's highly nervous. 32 points. He's highly nervous. He might have neurasthenia.

Crabb: Yes, he is nervous -- supercharged hyper-thyroid you might say. Neurasthenia: 476 - 28 - 62 - 3.

Chap: (Sound of shtick) There's where it is, but he's not so bad, only seven points.

Crabb: I see your Atlas have nervousness and nerve pressure rates also.

Chap: Usually, neurasthenia is the whole thing. That'll take in all the rest. Let's try emotions. We have a rate for that.

Crabb: 477 - 25 - 67 - 88. You have an extra number at the end. Do you set the dial on Zero first?

Chap: Yes, if it dont come in at Zero it wont come in anywhere else. If it does come in Zero, then you measure on and see how much.

Crabb: If you get a little resistance at Zero --

Chap: You go on and measure it out. (Sound of shtick) You can help this man by telling him to take it easy, not to fly off the handle at every little thing. He's inclined to. He must get nervous exhaustion at times.

Crabb: He is studying and practicing some of the Hatha Yoga techniques for relaxation and emotional control. Those should help him to calm down once in awhile.

Chap: That's a good sign. He's willing to try. Some people wont believe anything is wrong with them. They wont even try to get that nervousness out. If he's studying and practicing yoga, he realizes he needs help. When you get people that are willing to do something, give them help. Otherwise, leave them alone. Let 'em suffer it out until they have a change of heart.

Crabb: Change of heart. Isn't that what is meant by redemption in the Bible? A person redeems himself from ill health by a change of heart.

Chap: Yes, of course. As a man thinketh in his heart, so is he. The hardest person to help -- the hardest in the world -- is one who has given up, has no hope. You've got to work on back, find out why they lost interest in life. I had a little ten-year old boy sent to me for treatment. He was so depressed. I treated him for three weeks, no response. Finally, one day, I asked him, "What do you like best in life? What do you want more than anything else?"

"Oh, I want a canary!" he exclaimed. "I'd rather have a canary than anything I know!"

"Do you know where you can get one?" I asked him.

"I know where I can get one for fifty cents!"

So I reached into my pocket, brought out fifty cents, gave it to him and said, "You take this and get your canary." When he came back to me the next day he was a different boy, and tickled to death. The world had bloomed out for him, just over that canary. The need for that little bird was so strong he couldn't let loose of it, that idea.

Crabb: What about his parents?

Chap: They didn't want the canary, and because they didn't want it, they didn't think he needed it. They thought it would be a nuisance to them.

Crabb: Well, it would be. His mother would probably have to take take care of it.

Chap: He was old enough to take care of it. This is true of both children and adults. You've got to have some aim or purpose in life.

Crabb: That suggests that the cause of disease is in the emotions and the mind, doesn't it?

Chap: That's exactly the conclusion I've come to after over fifty years of medical practice. 90% of people's ailments are emotional. Articles in medical journals show that some doctors are gradually coming to the same conclusion.

Crabb: Yup, Psychosomatics. I notice that in a few of these Atlas rates, you have a number written instead of a letter in the third or Color position in the group, the neurasthenia rate, for instance; and here is gangrene gas, for another, 51.

Chap: Well, that's the fifth color on our scale, whatever it is. I found that it didn't come in quite on five, a little over; so I wrote it 51 or 5.1.

Crabb: Let's see: White is 1; Violet is 2; Blue is 3; Green is 4; 5 is Yellow; Orange is 6; Red is 7; Maroon is 8; Magenta is 9; and what is 10? Infra-Red?

Chap: Could be.

Crabb: Then mebbe the Zero below White would be ultra-Violet. I've read that some color therapists set great store by infr-red and ultra-violet as healing agents. Dr. Pancoast did. Now on you treatment machine there is only one dial, 0 to 100.

Chap: That number is not exclusive. You are including color in that treating rate. Light has all color in it! All of these frequencies we are dealing with are light, whether you can see it or not.

GETTING A RATE ON GOLD SEAL HERB

Crabb: Is that golden powder you have there for arthritis?

Chap: Gold Seal has a tonic effect as well as antiseptic. I took this to reduce the swelling and pain in my foot.

Crabb: And you say it produced almost immediate effects. How would you go about getting a rate on that; so a person could treat himself with the vibration rather than the herb? And thus use the treatment machine instead.

Chap: You set the bottle or package of the herb on or in the well of the instrument. Then turn all the dials back to zero -- except the first resistance, fixed at 400 ohms -- if you are going to establish a new rate.

Crabb: Then you have to try for a resistance or shtick on each dial as you work your way across the board.

Chap: You keep it alive on each dial until you get to the final one.

Crabb: Would it take long to develop a rate on Gold Seal?

Chap: No. I'll set the bottle on the well and neutralize the machine, also the hand that was touching the bottle. And a few drops of oil of cloves on the plate to take off the perspiration that accumulates from my fingers.

Crabb: You are turning the second tuning dial up until it balances out (sound of shtick) on what?

Chap: Looks like it centers on eight. (He moves dial back to seven, the shtick disappears. On eight, shtick appears again; on nine it disappears again.) It's eight, all right.

Crabb: So now we have 4 - 8.

Chap: Yes, and the next one is six.

Crabb: 486, our first group of three numbers.

Chap: You have to keep it alive by moving right along from dial to dial. Ten is the next number.

Crabb: Okay, 10, and now you try for the color.

Chap: The color is G.

Crabb: Green. Now the last two, or one, whatever it is.

Chap: 36 is the final number.

Crabb: Three and six. So we have 486 - 10 - G - 36, and that is the treating rate for Gold Seal.

Chap: No, not necessarily. The treating rate might be different for different people. I always check it out.

Crabb: You are now trying for a treating rate, above 50 on the final dial? (The herb is still on the well.)

Chap: (Sound of shtick) I get 85 as a treating rate. That might suit a lot of people, but when I treat a patient I always check to make sure the rate is right for him or her.

Crabb: You adapt the equipment to the patient's own vibratory need at that time.

Chap: That's the idea. You know, with this diagnostic machine hooked up to house current, you can use this for a treatment

machine. The electricity augments the higher frequencies used in treatment.

Crabb: You then have the patient in a 60-cycle, pulsing field. But the treatment machine itself has only one dial on it.

Chap: (Touching the final, diagnostic dial) This, this can be used as a treatment dial, by turning all the other off.

Crabb: Let's see. You have a treatment rate now of 85 on there. You leave that as is and turn the other dials back to zero, and of course the patient is left hooked up to the well. How long for treatment?

Chap: Oh, 15 minutes at a time, night and morning. I have an electric timer on my treatment machine.

A FINAL CHECK-OUT

Crabb: This is Feb. 28, 1968. You know, Doc, I'd like us to check my sinus again, and mucous. I had five points of sinus the last time we checked it, and I've been taking the No. 9 pills night and morning.

Chap: Good for you. Let's check it.

Crabb: Sinus is 477 - 29 - G - 87. Do you think I'm close enough to you for telepathic contact?

Chap: No. Let's hook you up to the machine today. (He clips the wire lead to the well of the machine and hands the German silver electrode to Crabb. Rubs plate. There is shtick.) You've got three points. Anything else to check?

Crabb: Mucous was down to three points six days ago, and catarrh was out. But my nose is still discharging a little bit.

Chap: Your sinus trouble didn't come on all of a sudden, did it?

Crabb: No, I've had it all my life.

Chap: It'll leave you that way. It took a long while to build up. It'll be a while before it is torn down.

Crabb: Let me try the Gold Seal. Let me hold it and see if it neutralizes the three points of sinus you registered.

Chap: (No shtick) Now I cant get it at all.

Crabb: This herb does neutralize it out. I think I had better get some of this at the Health Food Store and take it for a while. I've just about used up those No. 9 pills.

Chap: You can quit those now anyhow. They'll continue to react in your system for weeks. Now, in using this diagnostic machine yourself, dont make the mistake of most beginners. They try to make their fingers bring this in. It is just the opposite from what you want. (Rubs the plate with gentle movement.) Let the rubbing plate bring it in, the resistance, from some higher power -- call it what you like. Of course you can make your finger stick by rubbing and pressing hard on the

plate but that tells you nothing. It is the instrument that has to do the work!

REFERENCES

Radionic literature and instruments are not easily obtained in America; so the would-be researcher must make his own or go abroad for both. Homeopathic literature and remedies are still available, at some drug stores and at Health Food stores. Write to the following for literature, prices, equipment, etc.

Boericke & Tafel, Inc. Homeopathic Pharmacists
1011 Arch St., Philadelphia, Pennsylvania 19107

Standard Homeopathic Co., Chemists (436 W. 8th St., Los Angeles)
PO Box 61067, Los Angeles, Calif. 90061

The Radionic Centre Organisation (De la Warr Laboratories)
Raleigh Park Road, Oxford, England

Radiesthesia Radionics Equipment and Supplies
Bruce Copen, F.E.R.A.

The Lodge, Brantridge Forest, Balcombe, Sussex, England

"Medical Divination, The Theory and Practice of Radiesthesia"
by Dr. H. Tomlinson, is a good text on radionics theory.
18 shillings, 6 pence, from Health Science Press,
Rustington, Sussex, England, write for book list and prices.

SUGGESTED PARTS VALUES FOR THE DIAGNOSTIC INSTRUMENT (Page 26)

Fixed Resistors, all 10% EIA, 1/4 watt, Carbon (Page 312 in
the Allied Electronics Catalog, 1970 issue.

Variable Resistors, 1 ohm, Wirewound, 5 watt (page 318)
25 ohm, " 25 watt Ceramic (P.317)

Rotary switches, PA-1000 series, Miniature Phenolic, 1 pole,
1 section, rated 2.75 amps at 15 VDC, 11 positions (Page 338)

Neon Glow Lamps, screw type, 1/4 watt, AC starting, 115VAC
Candelabra base (Page 344)

Allied Electronics, 100 N. Western Ave., Chicago, Ill. 60680

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